



# **MESSAGE FROM DIRECTORATE GENERAL HEALTH SERVICES, PUNJAB**



It is a matter of great pleasure for me to write this message. The importance of data planning and implementation is immense. DHIS is a decision support system that will help managers at all levels to make evidence based decisions. It will help in planning & development, strategy management, Budgeting and forecasting about future needs. The MIS team is praise-worthy to implement the system in the whole province and bring reporting regularity to more than 99%.

The performances of the district management teams and health facilities of the province are available for scrutiny and evaluation on DHIS. The issues of data validity and data accuracy needs more efforts and hard working The doctors and paramedics should pay heed to the plight of data quality and accuracy, so that correct and valid figures may be made available for the decision makers.

**Dr. Muhammad Haroon Jahangir Khan**  
**Director General Health Services**  
**Punjab Lahore**

## ABSTRACT

The raw data in a prescribed format from public health facilities is regularly received at the provincial level through the MIS district cells and directly from online health facilities. This is then analyzed and scrutinized in detail by the MIS provincial cell after transferred online by Punjab Health Centers / Districts.

In this report, some key indicators are being analyzed in the form of tables and charts, to present the situation at the district and facility levels. The purpose of this report as well as future reports is to highlight various issues of the public health and to emphasize specific solutions in the system. This would help to identify some of today's most pressing health issues and how to resolve them. We hope this report will be helpful for decision-making. The Chief Executive Officers (DHA), heads of health facilities as well as the Punjab Ministry of Health, Federal Ministry of Health, Provincial and Federal Statistical Offices, and development partners.

## ACKNOWLEDGEMENT

The Annual Report would have not been possible without support, guidance, and expertise of Dr. Haroon Jahangir Khan, Director General Health Services Punjab. The regular reviews, discussion, and modification of methodological framework used to ensure that the Annual Report meets the most rigorous statistical standards and accurately reflects the state of our Provincial health.

On behalf of MIS team, Dr. Shakeel Ahmed Gondal (Director MIS), Mr. Farooq Ahmed (CPO MIS), Ms. Mavikha Amjad and Miss-Faiza Shahid (Data Analyst) thank to the focal persons of Districts and public health professionals who worked to improve our provincial information system health with their tireless efforts and collaboration and deserve deepest appreciation with continuing efforts, we hope to be better oriented to address the public health challenges of today and tomorrow.

**Director Health Services (MIS Cell)  
Directorate General Health Services  
Punjab, Lahore**

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## EXECUTIVE SUMMARY

The Health System of a country is designed to achieve the aims of providing timely and effective health care services. These health care services are to maintain the health system in a good, productive and operative status, it is imperative to regularly monitor it through an efficient Health Information System. This system should be competent to cater appropriate and accurate information for evidence based decision-making process. Realizing the impact of this very important factor especially in the public health sector, government instigated a nationally standardized data generation system at all levels called Health Management Information System (HMIS) in early 90s. This system was adapted to District Health Information System (DHIS) in 2006. DHIS now has a much wider scope than the old HMIS. The upgraded version of DHIS was implemented at district level in 2009. As this implementation was supposed to be carried out by the provincial health departments, the timeframe varied from province to province. It was encouraging to note that Punjab Health Department took lead to implement this program in all 36 districts by September 2009.

In this analytical report, different indicators have been discussed and observed. The data of teaching/tertiary care hospitals is also included. In first portion of report, the year wise comparison of important indicators is presented in the form of charts and graphs. Almost overall trend in all indicators show decrease during 2020, due to the wide spread of COVID-19, a viral pandemic disease named after a virus called "Coronaviridae". This virus caused a huge devastating effecting on the communities' worldwide and on the total working of Health System.

The detailed analysis of 2020 data is being presented in this report with respect to the pandemic COVID-19. The overall reporting compliance of the health facilities in Punjab remained above the target since 2010 and in 2020 the reporting compliance was above 99%. As the Outpatient departments (OPD) total OPD in 2019 was 170 million which was greater than current year as in year 2020 OPD is 127m Million. The per capita OPD in 2020 was 1.08 which is 0.46 less than that of previous year 2019 OPD (1.51 OPD Per Capita), as in year 2020 the OPDs were totally closed for few months' due to the widespread pandemic COVID-19. That's why there is an observable decrease in OPD per capita. On an average, per day OPD attendance in teaching/tertiary hospitals was 77,067, in DHQ Hospitals 44,880, THQ Hospitals 85,156, in RHCs 59,684 and in BHUs 11,0417 visits were reported. In age and gender wise analysis, the percentage of female patients were (54%) and that of male patients were (46%). The highest number of patients were reported in age group 15-49 years in which female proportion was greater than the male.

53 diseases are reported through DHIS. Percentage of Priority disease is 48% and other diseases have 52%. Out of these 53 priority diseases, 28 are communicable and 26 are non-communicable. Priority five disease were Acute(upper) respiratory infection, Fever due to other causes, Peptic ulcer disease, Scabies and Hypertension. The incidence rate of top five diseases is calculated and presented in the form of graphs. The year wise comparison of priority ten diseases (fig. 15) is also presented in the form of graphs. The median index is calculated for 2015-2019 and it is compared with 2020 data.

Antenatal care coverage is an indicator of access and utilization of health care services during pregnancy. During 2020, the overall ANC-1 reported coverage in Punjab was 3,427,735 of the total expected population (3.4%). Out of the total ANC-1 women, 23% were reported with hemoglobin level less than 10g/dl.

Delivery conduction at health facility is an indicator of utilization of delivery services provided at public health facilities. The overall percentage of deliveries conducted in Health Facilities of Punjab, during 2020, was 35% of the total expected population (2.9%). The average number of deliveries were 395 per month per

teaching/tertiary care hospitals. In DHQ hospitals 365, in THQ Hospitals 110, in RHCs 51 and in BHUs 16 deliveries per month were reported. C-Section rate is 17% of total deliveries and obstetric complications were 5% of total deliveries that is less than previous year as during 2019, obstetric complications were 6%. Out of the total live births, 3% babies were born with low birth weight (<2.5kg). Neonatal mortality rate was calculated and it was found 0% of the total live births.

Lab services utilization specifies utilization of laboratory services of the facility and measures the proportion of patients receiving diagnostic services from health facilities. In 2020, total 54 Million patients availed the lab services in which 26 million patients in outdoor and 28 million patients in indoor utilized the lab services.

Bed occupancy rate indicates utilization of hospital indoor services and quality of patient care. Annual BOR are used to evaluate and assess how hospitals and individual specialties are using their resources. Due to COVID-19 widespread, the cumulative BOR during 2020 decreased down to 35% in secondary and tertiary care hospitals as compared to during 2019 which was 94%. Average duration of hospital stay reflects the intensity of medical care delivered to hospitalized patients and the probable burden on hospital resources.

Hospital death rate is the measure of the proportion of deaths among patients admitted in hospitals. Due to the fatal pandemic during 2020, number of deaths reported were 150,522 i.e. (3%)out of total admissions 5,740,838 increased. Percentage of deaths as in teaching/tertiary hospitals was 3.2%, DHQ Hospitals 2.6%, THQ Hospitals 0.8% and RHCs 0.0%.

Stock out status measures the percentage of health facilities that experienced a stock-out of any tracer drugs/medicines for any number of days at any time of the year. The overall percentage of drugs out of stock remained 5%.

During 2020, family planning visits reported from the public sector health facilities against the expected target population were 18743424 (16% MCBA) were 1,841,372 (1.8 Million).

## INTRODUCTION

### Overview of DHIS Program

District Health Information System (DHIS) is a mechanism of data collection, transmission, processing, analysis and feedback all levels of health care system. DHIS provides a baseline data for district planning, implementation and monitoring on major indicators of service delivery, clinical interventions, disease pattern, preventive services and physical resources.

The revised system aims to gather information from Secondary level hospitals (District Headquarter Hospitals (DHQs), Tehsil Headquarter Hospitals (THQs) and RHCs/BHUs.

### Important Features of DHIS

DHIS is a district – based Routine Health Information System

- Responds to the communication needs of the District health systems. It also supports in performance monitoring both at district and provincial levels
- DHIS provides minimum set of indicators
- Promotes / Supports evidence based decision-making at local & provincial level
- Caters the important routine health information needs of the federal & provincial levels for monitoring and policy implementation
- DHIS is an improved version of HMIS and incorporates many indicators from HMIS.

### Salient Features of Report

- The overall purpose of this feedback report is to provide basic analysis of important performance indicators to the district managers and facility in-charges.
- This would ensure the identification of problem areas, problem analysis, planning & implementation of the solutions and monitoring & evaluating implementations and recognizing the best practices.
- This report shall assist the district, provincial & national health managers to analyze the health situation, and health care services (e.g. EPI, Malaria, Hepatitis, MCH & Family Planning Services), availability of drugs/supplies etc.

### Challenges and Issue:

Health is a huge subject consisting of diverse fields of which medicine is a part. It is imperative to strengthen the links between the several working sectors and departments to improve health and prevent disease to reduce morbidity, disability and death.

DHIS has a capacity to become a full-fledged health information system as being utilized in developed countries. If we can convince the medical academia of Punjab to join hands with MIS Cell (Directorate General Health Services, Punjab) and start sending monthly reports about health and disease from teaching hospitals of Punjab, this contribution can fulfil the basic objective of DHIS. It will help to give a complete picture of state of health and disease in the Province.



## **IMPORTANCE OF RECORD KEEPING AND DATA MANAGEMENT**

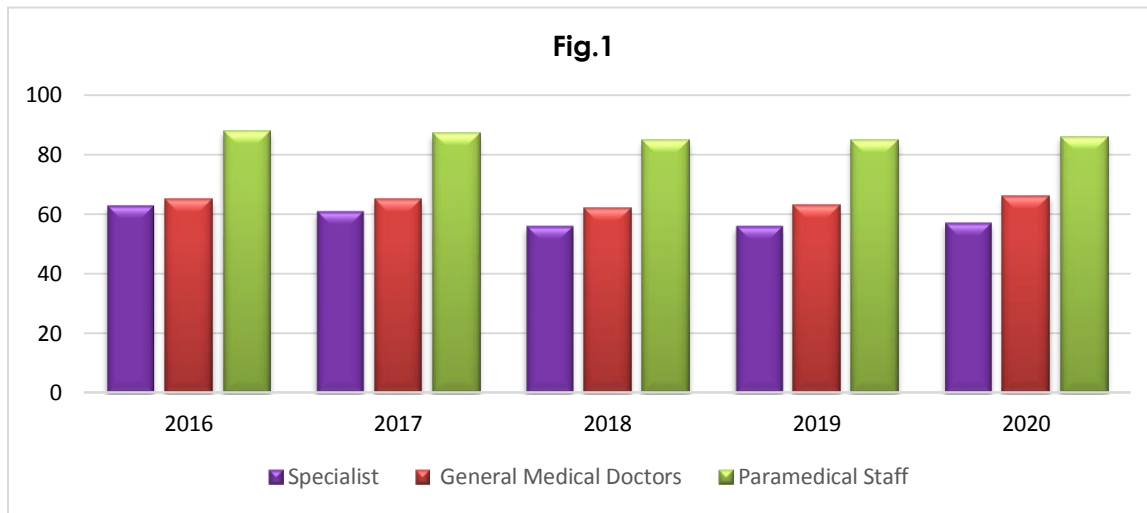
Knowledge is power and it leads to discovery when applied. When information is processed on scientific basis using statistical tools and application of appropriate methods on the collected data, new knowledge is generated. Record keeping and data management are the core activities and linked together to produce verifiable, reproducible and presentable knowledge.

Modern IT and communication facilities have reduced distances among organizations, institutions and learned academia and led to use of information in short term and long term decision making. On the basis of this relationship between academia and departments, working in the field research has flourished. The dengue epidemic of 2011 is an example of this relationship when all the departments of Punjab and academic institutions joined hands to help the government to face the dire situation.

## POSITION OF FILLED STAFF

According to year 2020 following positions have been filled:

- Positions of the Specialists Staff = 57%
- Positions of General Cadre Medical Doctors = 66%
- Positions of Paramedical Staff = 86%
- Positions of Other Staff were filled = 77%



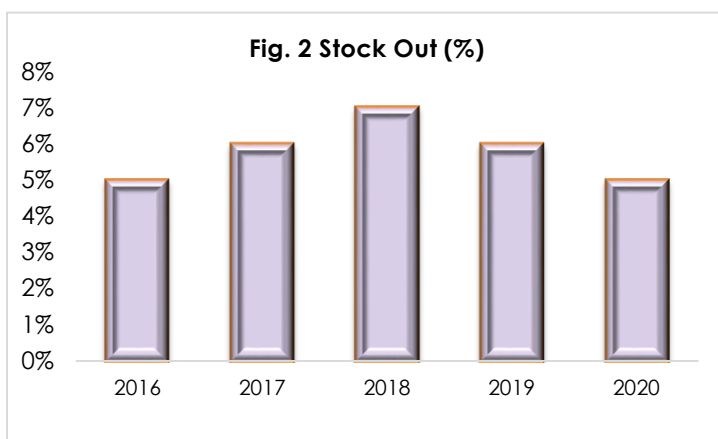
(Fig.1) Showed an increase of 3% in MO's for year 2020 as compared to the situation in the Year 2019, as government is working for improvements.

**NUMBER OF FUNCTIONAL AND REPORTING HEALTH FACILITIES  
WITH NUMBER OF BEDS**

**Table No.:1**

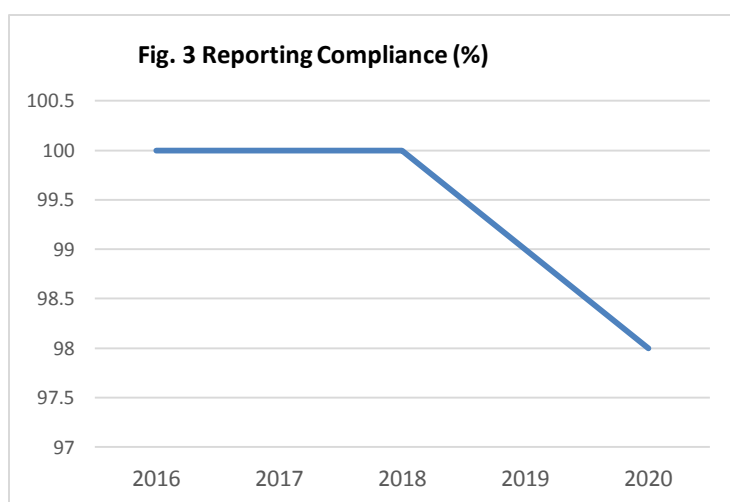
Districts	THOS		DHQ		THQ(all)		RHC (all)		BHU(Normal)		BHU 24/7		MCH		Disp. Class		Total	
	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds
Bahawalnagar	0	0	1	535	4	326	10	200	58	114	45	92	7	0	24	0	302	1267
Bahawalpur	2	1920	0	0	4	252	12	240	28	56	46	92	10	0	57	0	323	2560
Rahimyar Khan	1	954	0	0	3	200	19	356	49	98	55	110	7	0	0	0	272	1718
D.G Khan	1	909	0	0	2	140	9	180	5	106	48	96	5	0	22	0	187	1431
Layyah	0	0	1	340	6	280	6	120	7	72	29	58	2	0	25	0	152	870
Muzaffargarh	0	0	1	371	4	286	13	242	36	72	36	72	3	0	28	0	243	1043
Rajanur	0	0	1	133	2	172	7	145	7	14	25	50	1	0	12	0	104	514
Faisalabad	5	3200	0	0	6	270	15	300	116	232	52	104	6	0	106	0	631	4106
Jhang	0	0	1	275	3	212	10	200	3	4	56	114	3	0	13	0	180	805
T.T singh	0	0	1	250	3	326	8	160	39	78	31	62	2	0	23	0	218	876
Chiniot	0	0	1	94	2	80	3	60	4	4	32	57	2	4	2	6	93	305
Gujranwala	2	450	0	0	3	160	12	240	60	120	32	64	10	0	54	0	349	1034
Gujrat	0	0	0	0	6	320	9	200	60	120	28	56	5	10	2		228	706
Narowal	0	0	1	300	1	80	7	140	36	82	21	42	4	0	10	20	113	664
Sialkot	2	534	0	0	4	0	6	0	61	2	27	0	14	0	21	0	271	536
Hafizabad	0	0	1	125	1	60	7	140	19	38	13	26	3	0	16	0	120	389
M.B Din	0	0	1	368	3	100	9	180	27	52	21	44	5	0	8	2	150	746
Kasur	0	0	1	360	4	200	11	220	7	6	74	156	8	0	26	0	265	942
Lahore	18	11763	0	0	9	60	5	20	26	-20	12	24	59	14	115	20	506	11921
Okara	0	0	2	385	2	100	10	198	61	108	36	73	8	0	17	0	274	864
Sheikhupura	0	0	1	648	4	366	7	148	55	217	26	69	4	0	4	0	203	1448
Nankana Sahib	0	0	1	120	2	188	7	168	25	56	22	46	5	0	8	0	136	578
Khanewal	0	0	1	250	3	160	9	180	48	96	33	66	4	0	11	0	219	752
Lodhran	0	0	1	125	2	80	4	80	2	4	46	92	1	0	16	10	145	391
Multan	5	2359	1	181	2	120	8	160	44	90	38	74	18	0	38	0	320	2984
Pakpattan	0	0	1	125	1	60	5	100	34	68	21	42	2	0	9	0	148	395
Sahiwal	3	767	0	0	1	120	11	220	52	104	24	48	6	0	21	0	237	1259
Vehari	0	0	1	300	2	330	14	280	42	84	32	64	4	0	22	0	234	1058
Attock	0	0	1	211	5	520	6	110	2	4	60	121	5	0	2	0	163	966
Chakwal	0	0	1	205	4	170	11	200	45	49	19	20	2	2	8	0	180	646
Jhelum	0	0	1	258	2	120	6	120	33	66	15	38	6	0	23	0	173	602
Rawalpindi	5	2424	0	393	7	462	8	160	71	142	28	56	18	10	13	24	300	3671
Bhakkar	0	0	1	360	3	224	5	112	18	38	21	42	2	0	12	0	155	776
Khushab	0	0	1	125	4	240	5	60	27	56	16	32	6	0	32	0	202	513
Mianwali	0	0	1	313	3	142	10	215	5	84	37	78	5	0	14	0	161	832
Sargodha	1	731	0	0	10	480	12	240	96	192	35	70	8	0	9	9	343	1722
<b>Grand Total</b>	<b>45</b>	<b>26011</b>	<b>26</b>	<b>7150</b>	<b>127</b>	<b>7406</b>	<b>316</b>	<b>6094</b>	<b>1308</b>	<b>2708</b>	<b>1192</b>	<b>2350</b>	<b>260</b>	<b>40</b>	<b>823</b>	<b>91</b>	<b>8300</b>	<b>51890</b>

## YEAR-WISE COMPARISON OF SERVICE DELIVERY



### Stock-out Status of Drugs

The graphical representation of stock out of drugs year wise comparison (*fig. 2*) showed that, in 2016 to 2020, the highest percentage was observed (7%) and the lowest stock out was observed (5%) in the years of 2018 and 2020. In addition, Year 2019, stock-out Status of drugs percentage was reported as 6%.

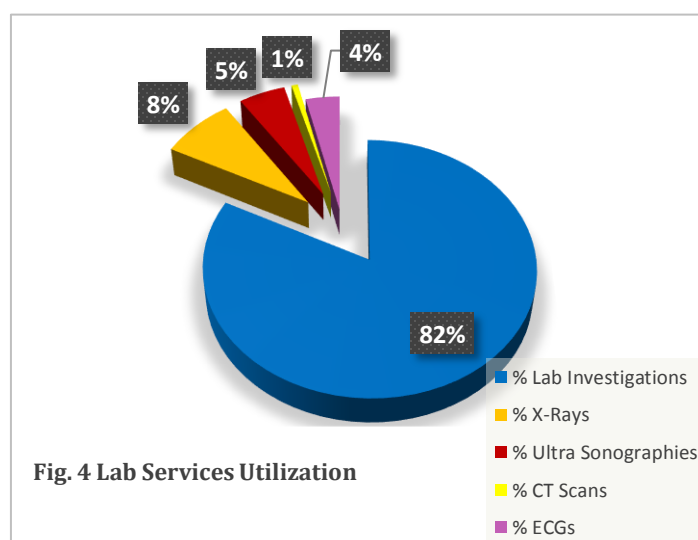


### Reporting Compliance

Fig. 3 visualized the year wise comparison of reporting compliance Percentage. The target for reporting compliance is 95% and during previous four years, the reporting regularity of Province Punjab were above the target. And year 2019 & 2020, has 99% reporting compliance. There were decrease of 1% because some local government facilities were added in compliance but they did not report yet

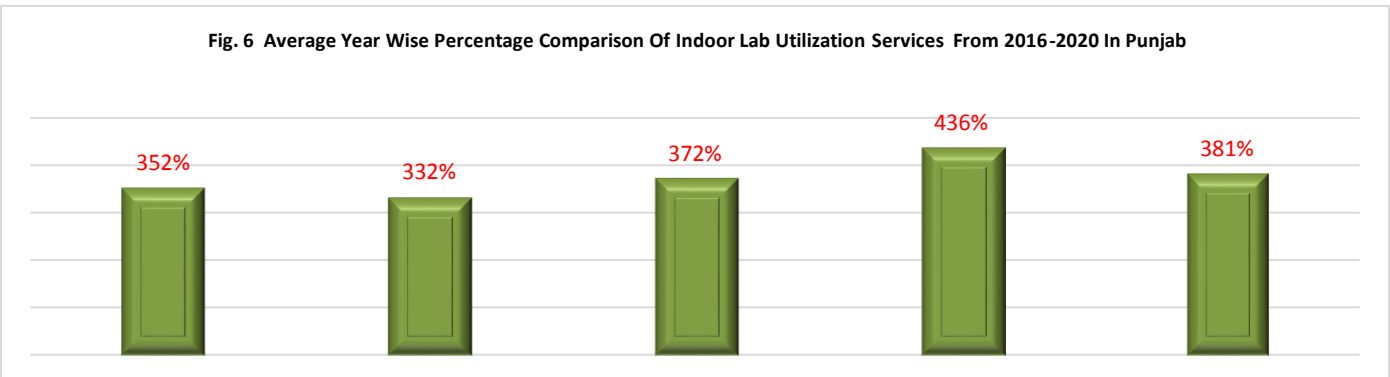
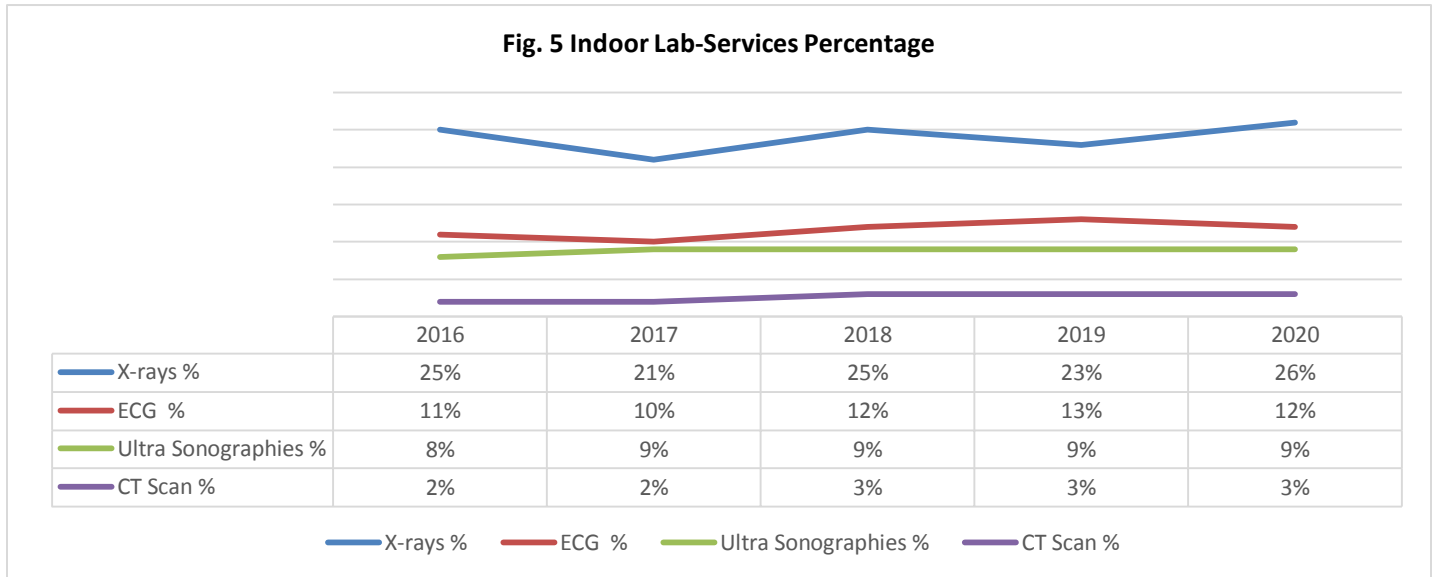
### Lab Utilization Services

Lab services utilization percentage (*fig. 4*) of Punjab for the year 2020 (total Indoor and outdoor services w.r.t to total lab services) were observed as 82% proportion in lab investigation, 8% X-rays, 5% Ultra Sonographies, 1% CT Scan and 4% ECG.



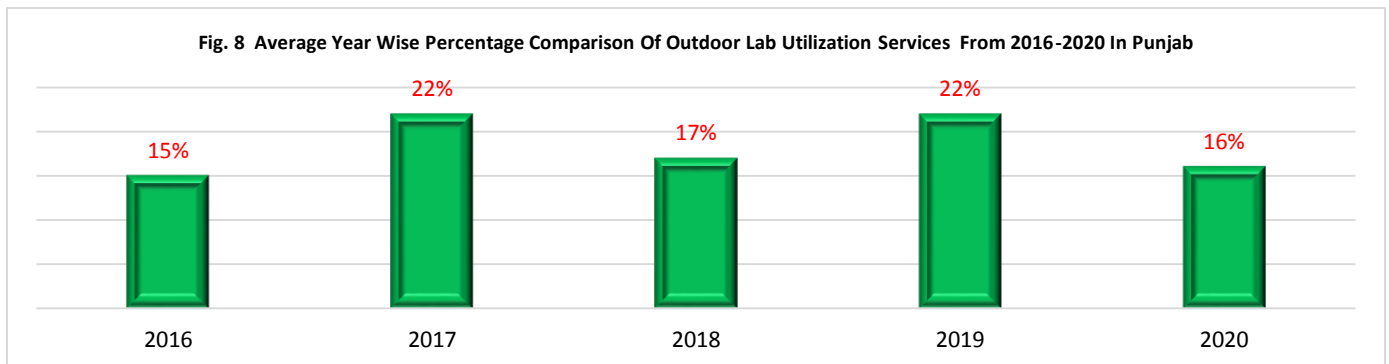
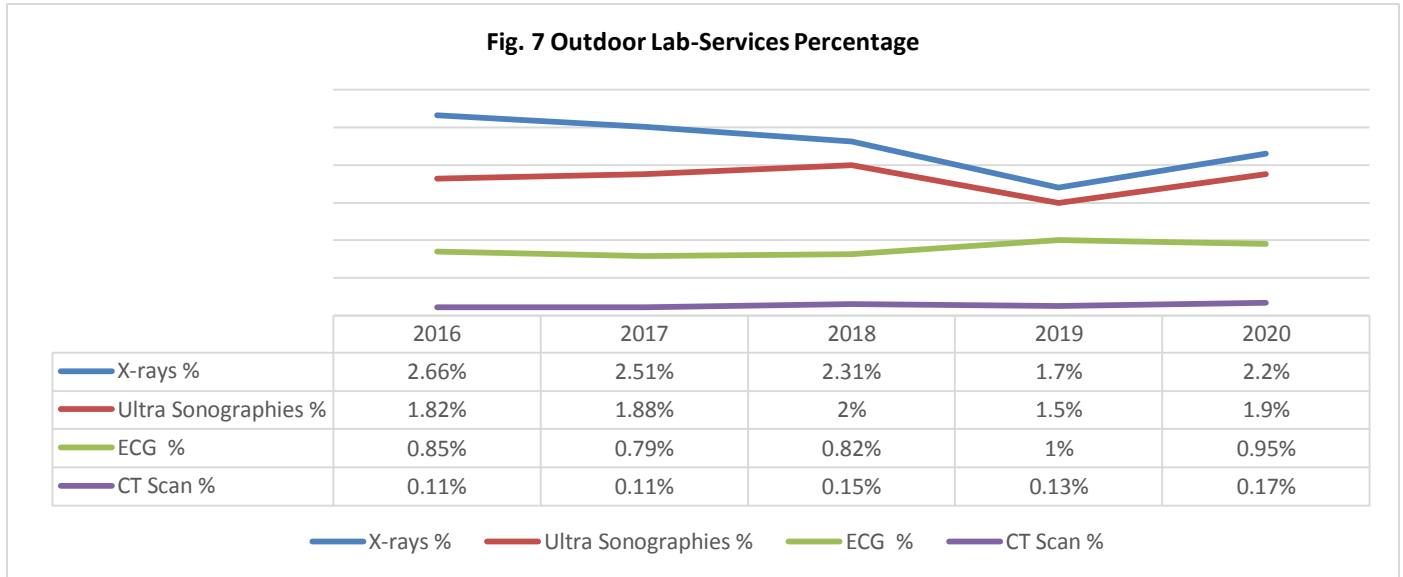
## Lab Utilization (In-door)

In Fig. 5, the year wise percentage comparison of lab utilization from 2016-2020 in Punjab indoor section for ECG, CT Scan, Ultra Sound and X-Rays has been expressed graphically. The overall percentage of year wise collectively comparison (Fig. 6) was calculated from the total admissions in indoor.



## Lab Utilization (Out-door)

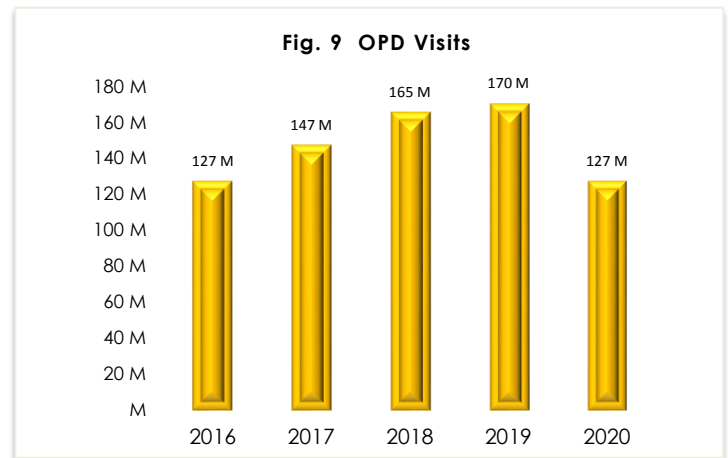
In Fig. 7 the year wise percentage comparison of lab utilization from 2016-2020 in Punjab out-door section for ECG, CT Scan, Ultra Sound and X-Rays were represented by the line chart. The overall year wise percentage comparison (Fig. 8) was calculated from the total no. of OPD patients.



## Total OPD Visits

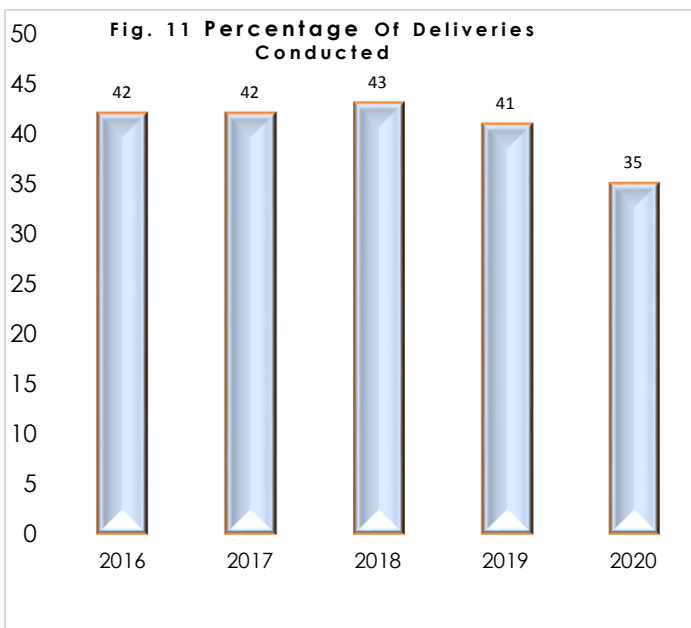
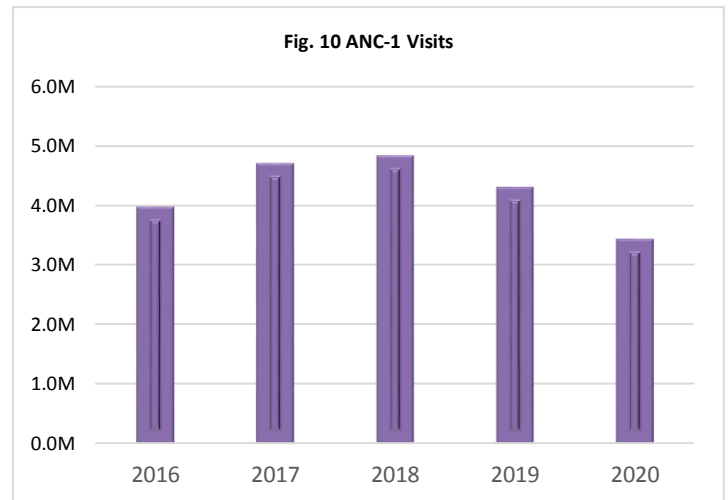
The year wise total OPD visits (new & follow up cases) comparison of year 2020 can be seen in Fig. 9.

The number of OPD visits has increased year to year. Tertiary care hospitals have started reporting through DHIS from August 2013. In 2020, the decline can be observed due to pandemic Covid-19 as the total 126,842,706 (127 M) patients was reported in DHIS.



## Antenatal Care Services (ANC-1)

Fig. 10 signified the year wise comparison of numbers of ANC-1 visits over the year 2016 to 2020. The numbers were calculated from the expected pregnancies during the year (3.4% of total Population). The number has improved from year to year (2016 to 2020) and decrease observed in year 2020 of ANC-1 due to Covid-19. ANC-1 visits in 2020 was 3,427,735.

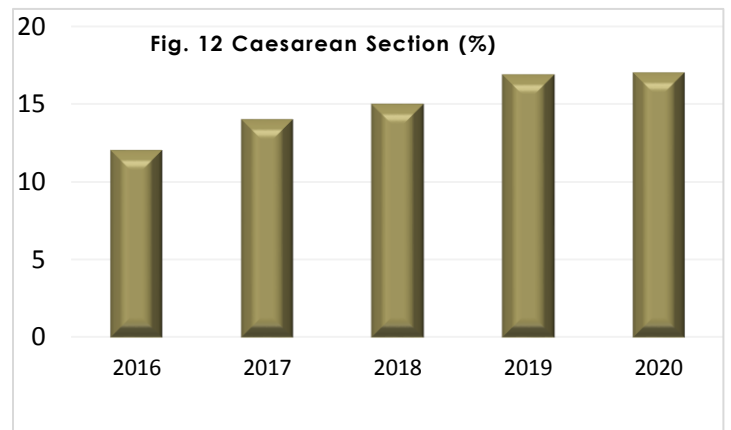


## Deliveries Conducted at Health Facilities

The bars of Fig. 11 displayed the year wise comparison of percentage of deliveries conducted at health facilities over the period 2016-2020. There was gradual decrease were observed every year in percentage of deliveries conducted till 2020. In year 2020, there were reported a great decline of 6% as compared to previous year, because of Covid-19 pandemic. 35% deliveries conducted in year 2020 which were 1,191,832 in numbers.

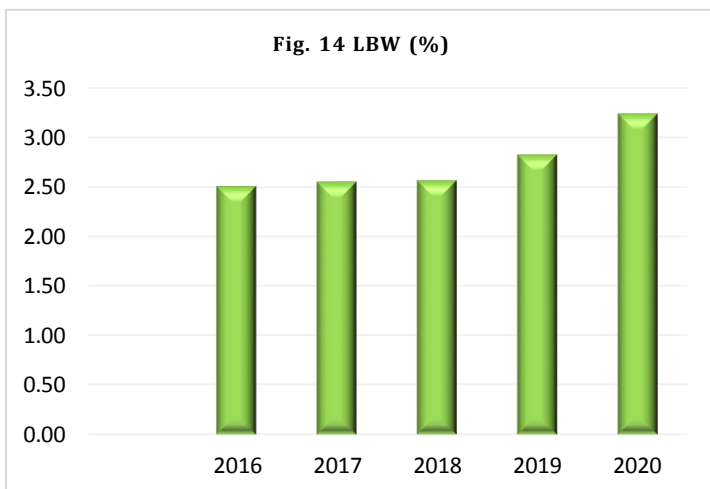
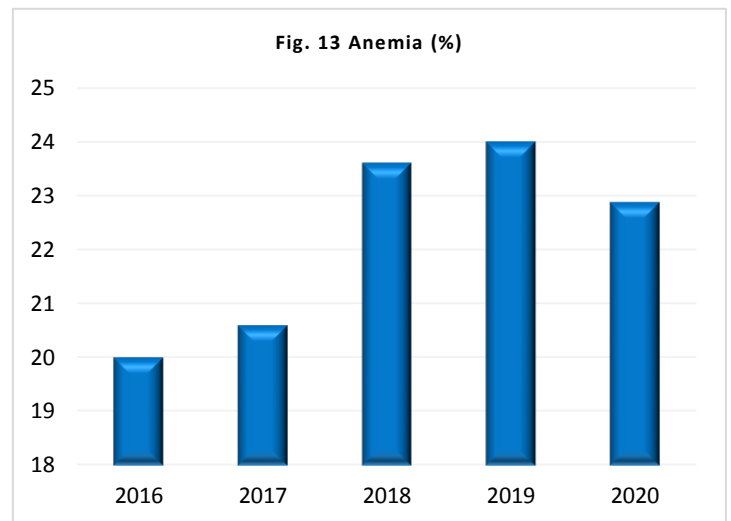
## Caesarean Section

The year wise comparison of C- Sections performed over the period 2016-2020 has shown in figure 12. The percentage was calculated from the total deliveries conducted at health facilities. 12% and 14% C-Section performed in 2016 & 2017 respectively. It was observed that there was a decline of 2% in year 2016 and continuous steady rise from 2017 to 2020.



## Percentage of Anaemic Women Coming for ANC-1

The year wise percentage of anaemic women coming for ANC-1 visits over the period 2016-2020 in figure 13, expressed that there was a steady increase has been observed from 2016-2019 and 1% decline has found in year 2020 than the previous year 2019 due to Covid-19 as 784,154 out of 3,427,881 Women attending the health facilities for ANC-1 were found Anaemic.



## Frequency of Low Birth Weight (LBW) Babies

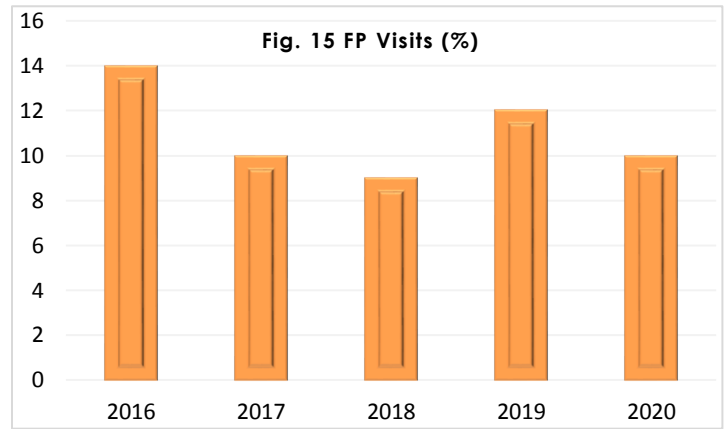
The year wise comparison among percentage of babies with low birth weight delivered at health facilities (fig. 14) were visualized through bar chart.

The percentage was calculated from the total deliveries conducted at health facilities. In year 2020, the reported no. of low birth weight was 3.24% which is comparatively above than the previous four years.



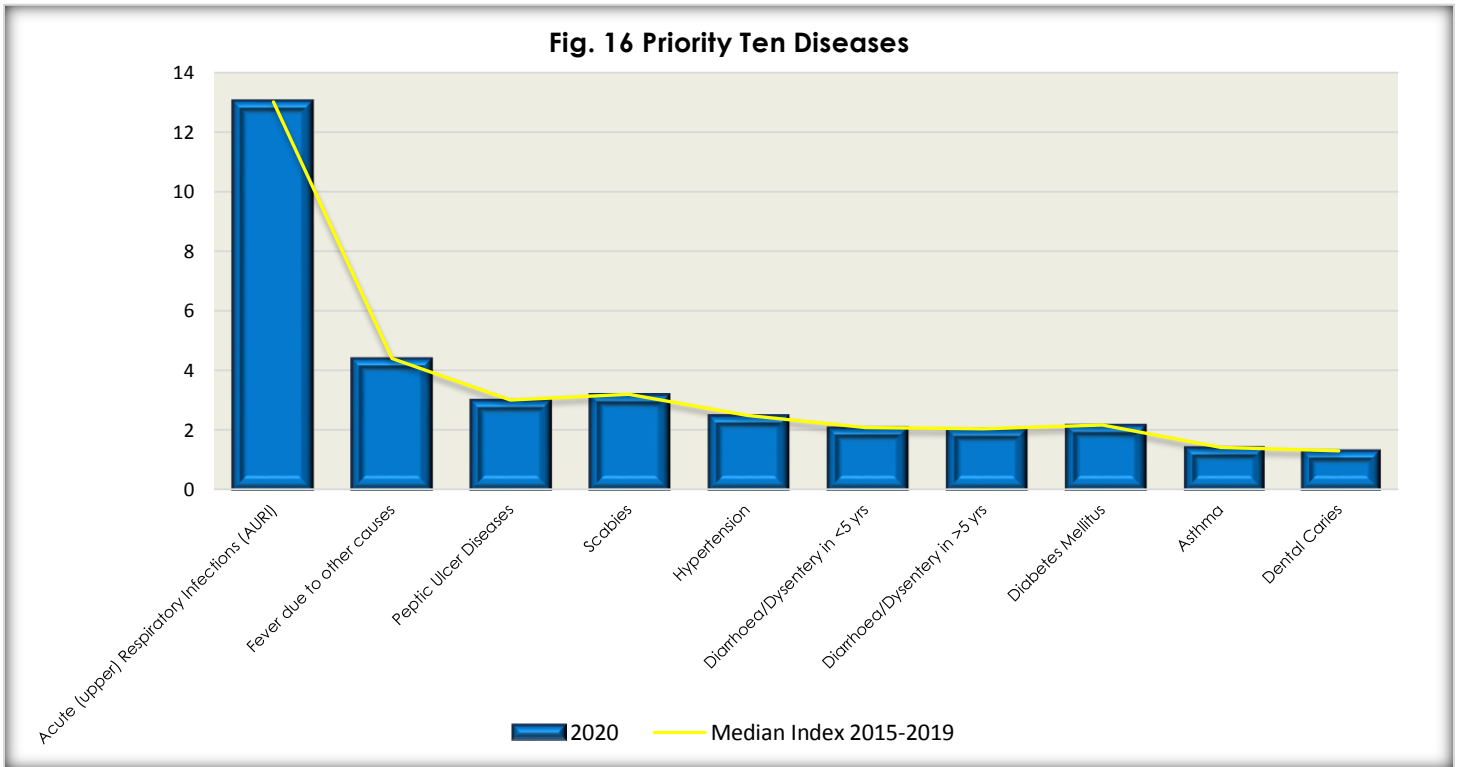
## Family Planning Visit

In Figure 15, the year wise comparison of family planning visits percentage, calculated from the married child bearing age women (16% MCBA) were represented by the bar chart. It can be observed that the percentage of family planning visits has decreased in Year 2017 & 2018. In year 2019, there were a slight rise of 3% as compared to previous two years then decline of 2% observed due to Covid-19 in year 2020.



## Priority Ten Diseases Percentage (2015-2020)

The following graph (fig. 16) expressed the comparison of priority 10 diseases new cases of year 2015 to 2020. The median index has displayed with line chart and 2020 data has displayed in bars. The overall trend line showed an increase in the number of deaths. In ARI (Acute UPER Respiratory infections) there's increase of 1% as compared to average of last 5 years.



## Number and Percentage of Priority Disease Cases:

53 priority diseases have been reported through DHIS:

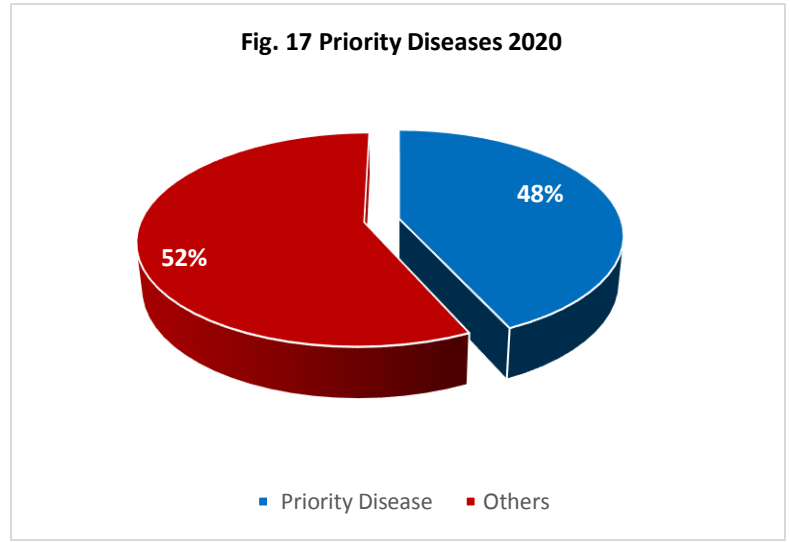
**Table:2**

Sr. #	Diseases	%age	Sr. #	Diseases	%age
1	Acute (upper) Respiratory Infections (AURI)	13.01	28	Cirrhosis of Liver	0.09
2	Fever due to other causes	4.41	39	Burns	0.09
3	Scabies	3.2	30	Epilepsy	0.08
4	Peptic Ulcer Diseases	3.01	31	Trachoma	0.07
5	Hypertension	2.48	32	Nephritis/Nephrosis	0.05
6	Diabetes Mellitus	2.17	33	Benign Enlargement of Prostate	0.05
7	Diarrhoe /Dysentery in	2.08	34	Sexually Transmitted Diseases	0.05
8	Diarrhoe /Dysentery in >5 yrs.	2.04	35	Glaucoma	0.04
9	Road traffic accidents	1.61	36	Drug Dependence	0.03
10	Urinary Tract Infections	1.46	37	Suspected HIV/AIDS	0.02
11	Asthma	1.42	38	Suspected Dengue Fever	0.02
12	Dental Caries	1.3	39	Acute Watery Diarrhoe	0.02
13	Dermatitis	1.26	40	Snake bites (with signs/symptoms of poisoning)	0.01
14	Worm infestation	1	41	Suspected Meningitis	0.01
15	Otitis media	0.7	42	Cutaneous Leishmaniasis	0
16	Chronic Obstructive Pulmonary Diseases	0.55	43	Suspected Measles	0
17	Ischemic Heart Disease (IHD)	0.54	44	Seasonal Influenza H1N1	0
18	Enteric/Typhoid Fever	0.49	45	Suspected Neonatal Tetanus	0
19	Suspected Malaria	0.49	46	Acute Flaccid Paralysis	0
20	Depression	0.48	47	Bloody Diarrhea	0
21	TB Suspects	0.45	48	Suspected Diptheria	0
22	Suspected Viral Hepatitis	0.42	49	Chicken Pox	0
23	Pneumonia	0.33	50	Suspected Avian Flu	0
24	Fractures	0.28	51	Silicosis (Lung Disease)	0
25	Cataract	0.27	52	Suspected Pertusis	0
26	Pneumonia >5 years	0.27	53	Suspected Viral Hemorrhagic Fever(CCHF)	0
27	Dog bite	0.21		<b>Grand Total 60616249</b>	<b>46.77</b>

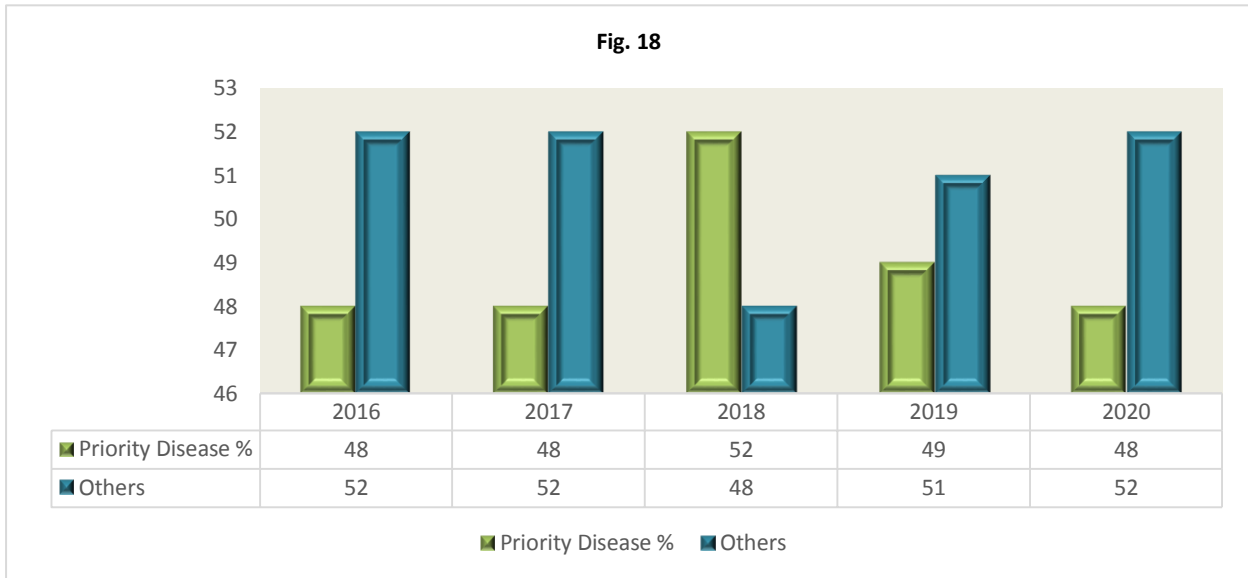
## DISEASE PATTERN

This is a measure of the annual number of cases according to specified disease classification attending the OPD.

This indicator will help in understanding which diseases/cases were attended at the facility, at all health facilities in a tehsil or district, the changes in diseases trend over years or months of the same year and the difference among union councils, tehsil or districts. The indicator can trigger a response in terms of additional resource allocation or redistribution according to the disease pattern, or initiating/strengthening specific preventive, promotive and/or curative services at specific area/catchment population.



Fifty-three diseases are reported through DHIS. The pie chart (fig. 17) exhibited the proportion of priority diseases 2020. The patients of reported diseases constitute overall 52% of the total patients in 2020 while rest of the 48% was reported under the category of Other diseases.



Above Figure-18 revealed 53 Priority Diseases and Other disease percentage over the period 2016-2020. This indicator is a measure of the annual number of cases according to specified disease classification attending the OPD.

## COMPARISON OF PRIORITY DISEASES (2015-2020)

### Communicable Disease:

A disease, the causative agents of which may pass or be carried from a person, animal, or the environment to a susceptible person directly or indirectly.

List of Priority Communicable diseases for continues last 6 years:

Acute (Upper) Respiratory Infections	Scabies	Diarrhoea / Dysentery < 5 yrs.	Diarrhoea / Dysentery > 5 yrs.	Worm Infestations
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(See the detail on Table:3)

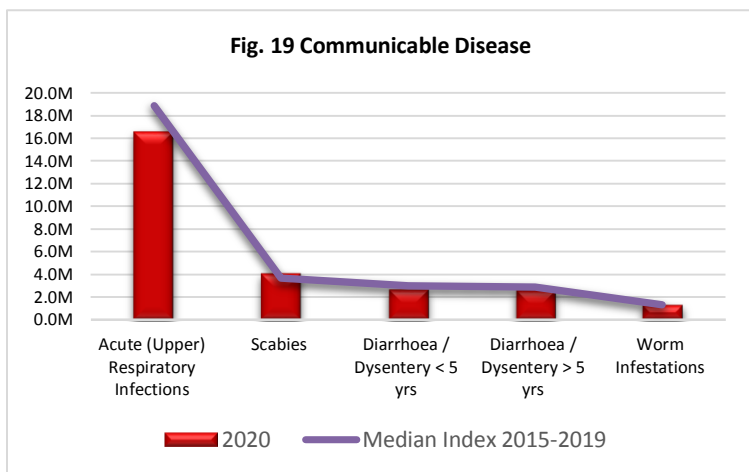
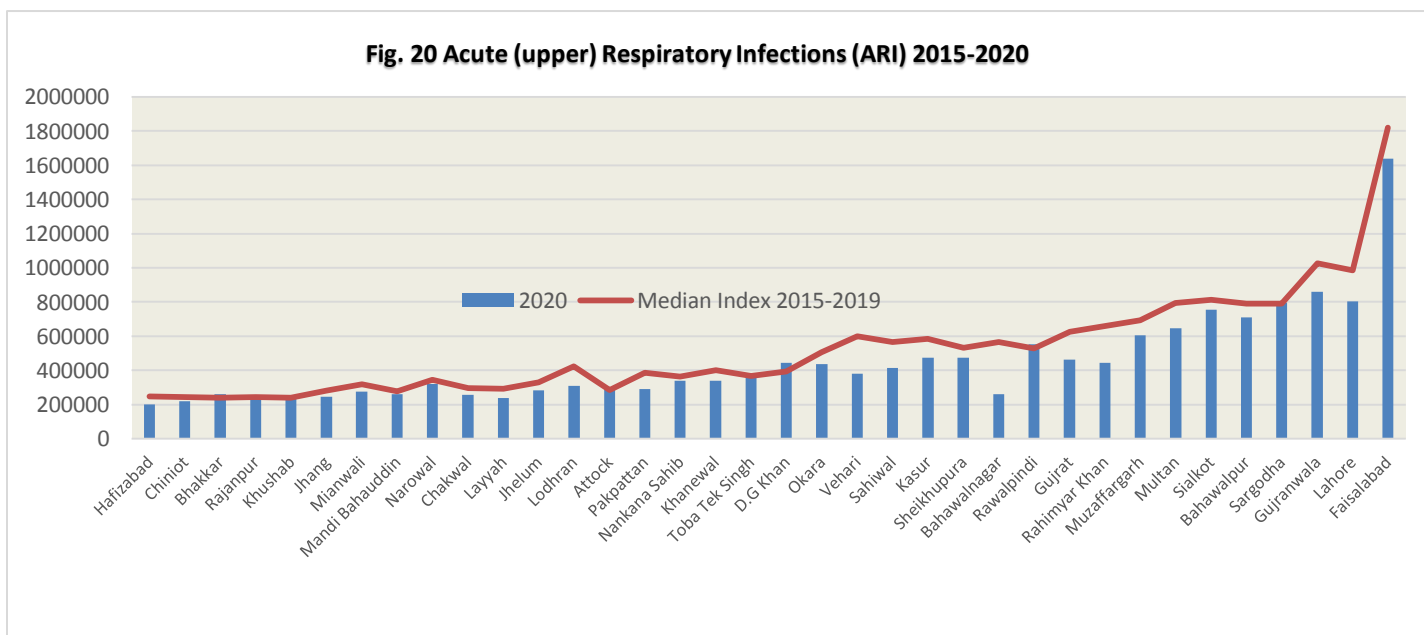
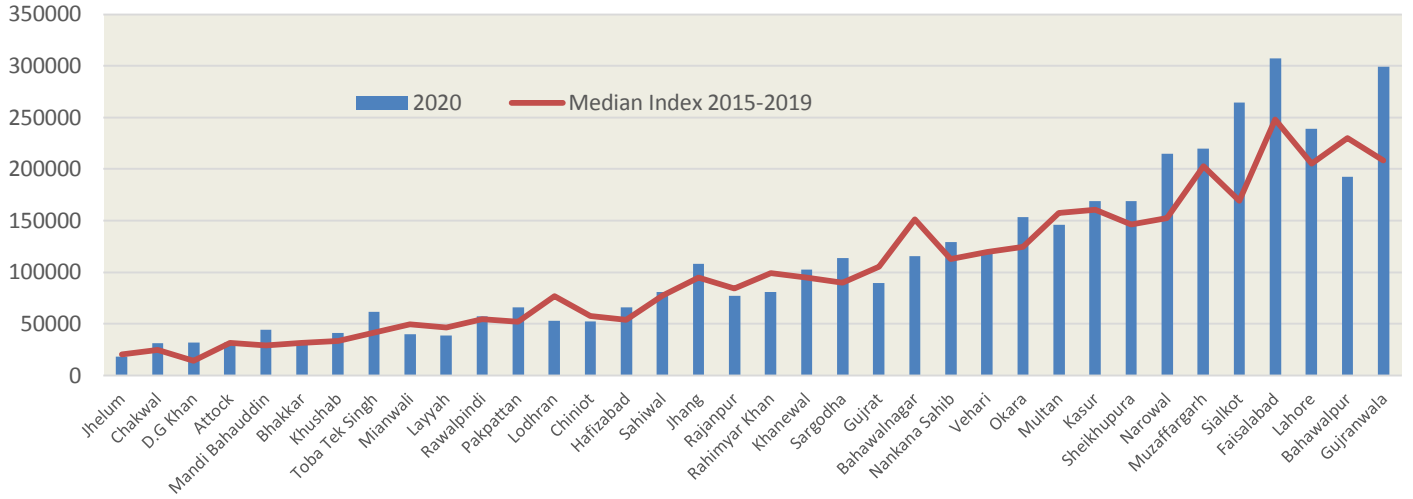


Fig. 19 revealed the comparison of priority 5 Communicable diseases percentages, constant for last 6 years i-e 2015-2020, having percentage of patients in 2020 with the median index of 2015-2019 numbers. The median index has shown with trend line and 2020 data has shown with bar chart. The overall trend represented an increase in the number of infected persons due to the worldwide spread-out pandemic Covid-19.

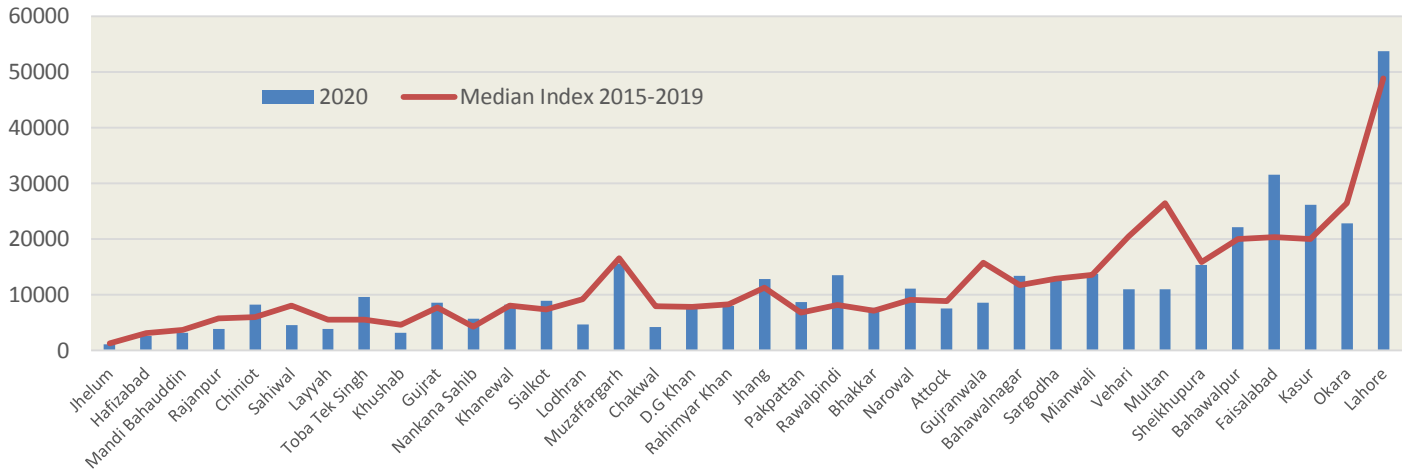
## District wise Priority Five Communicable Diseases for 5 years



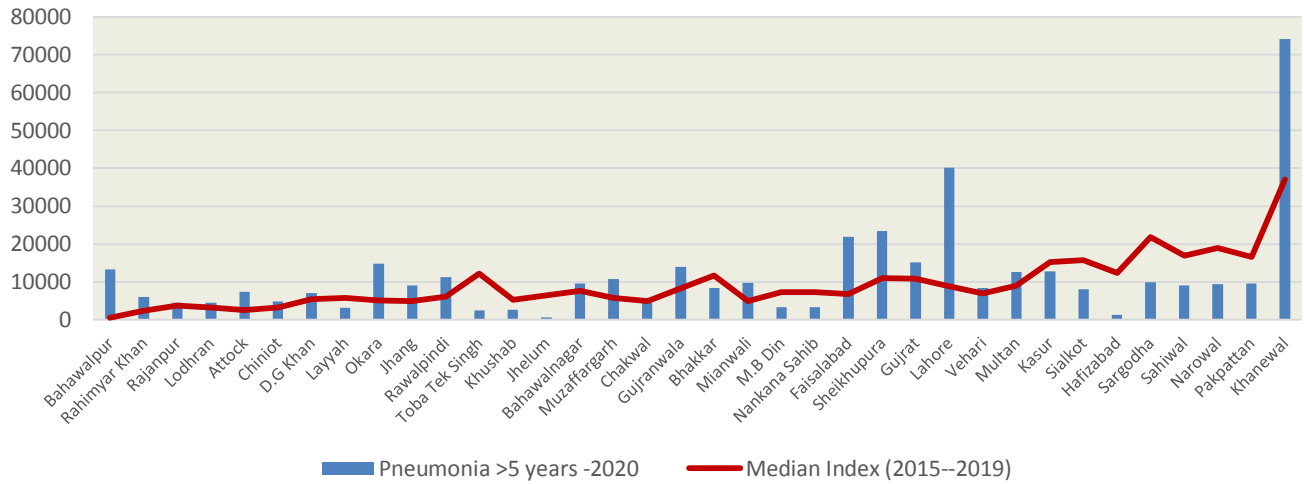
**Fig. 21 Scabies (2015-2020)**



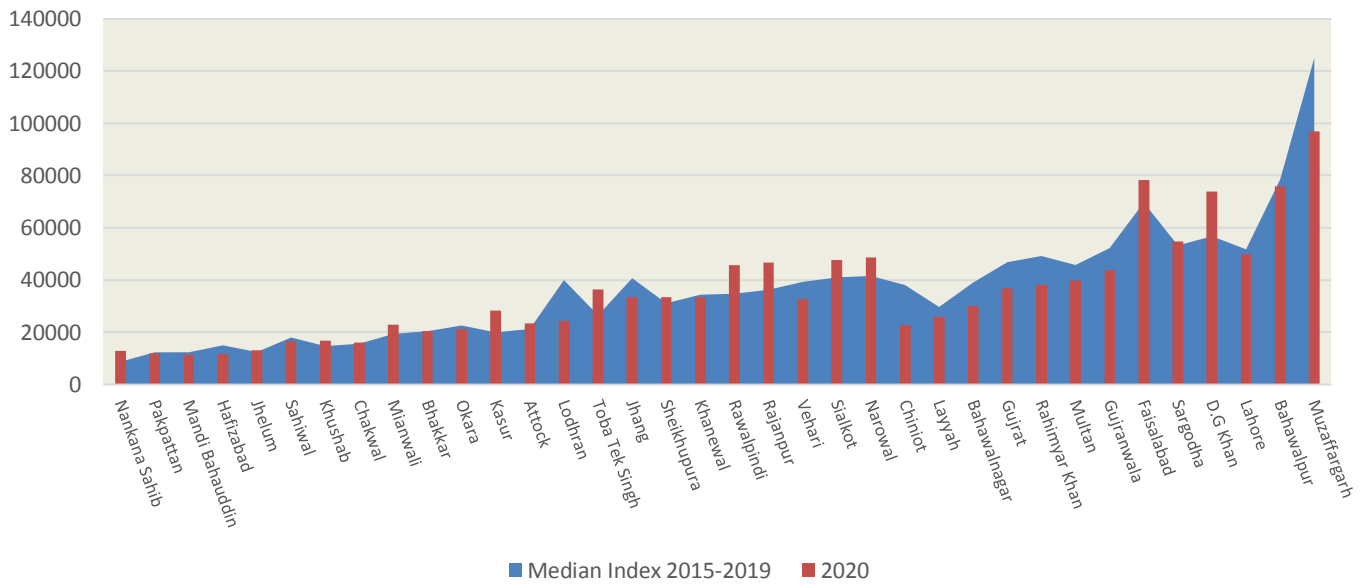
**Fig. 23 Pneumonia <5 years**



**Fig. 24 Pneumonia >5 years**



**Fig. 25 Worm Infestation**



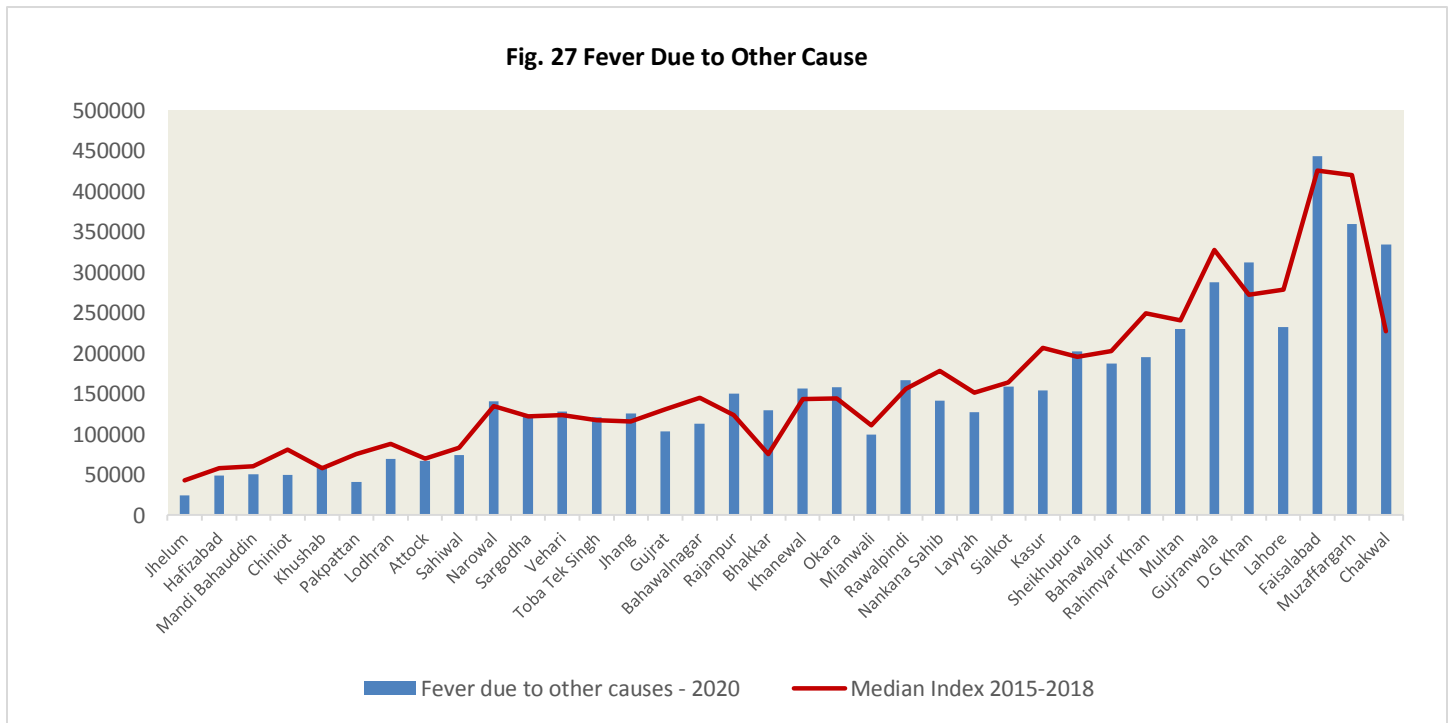
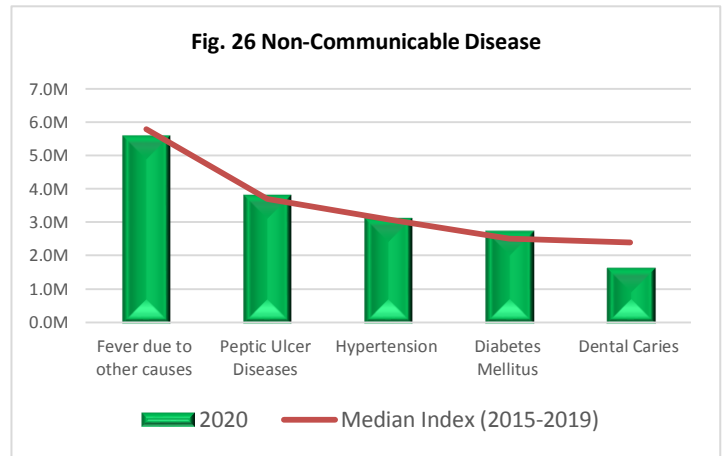
## Non-Communicable Disease:

List of Priority Non-Communicable diseases for continues last 6 years:

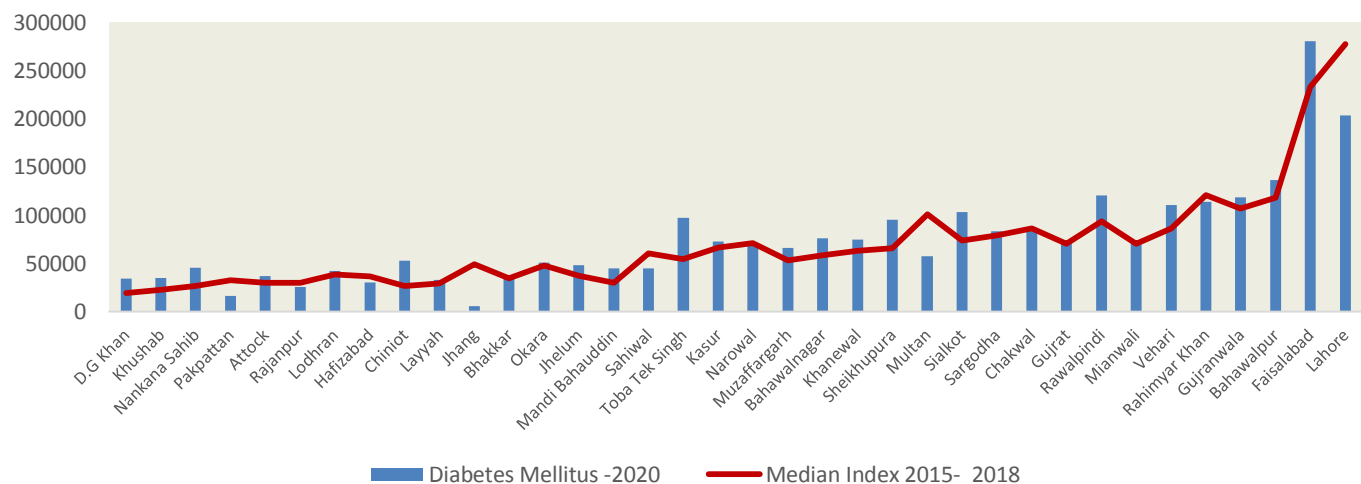
Fever due to other causes	Peptic Ulcer Diseases	Hypertension	Diabetes Mellitus	Dental Caries
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(See the detail on Table:3)

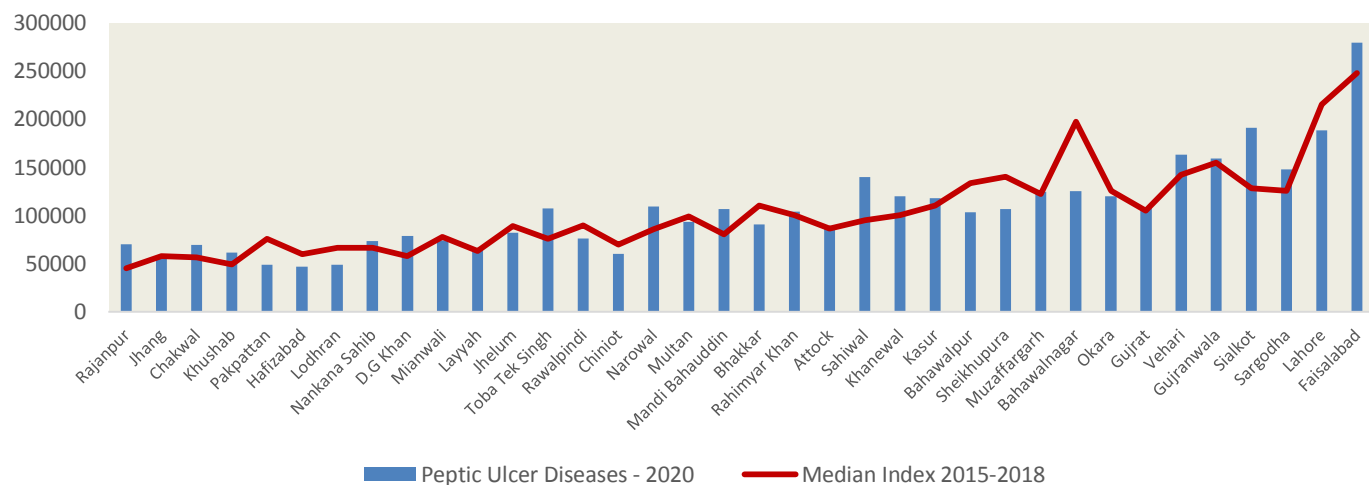
Fig. 20 defined the comparison of priority 5 Non-Communicable diseases percentages, constant for last 6 years i.e. 2015-2020, having percentage of patients in 2020 with the median index of 2015-2019 numbers. The median index was represented with trend line and 2020 data was represented with bar chart. The overall trend showed an increase in the number of infected persons due to the worldwide spread-out pandemic Covid-19.



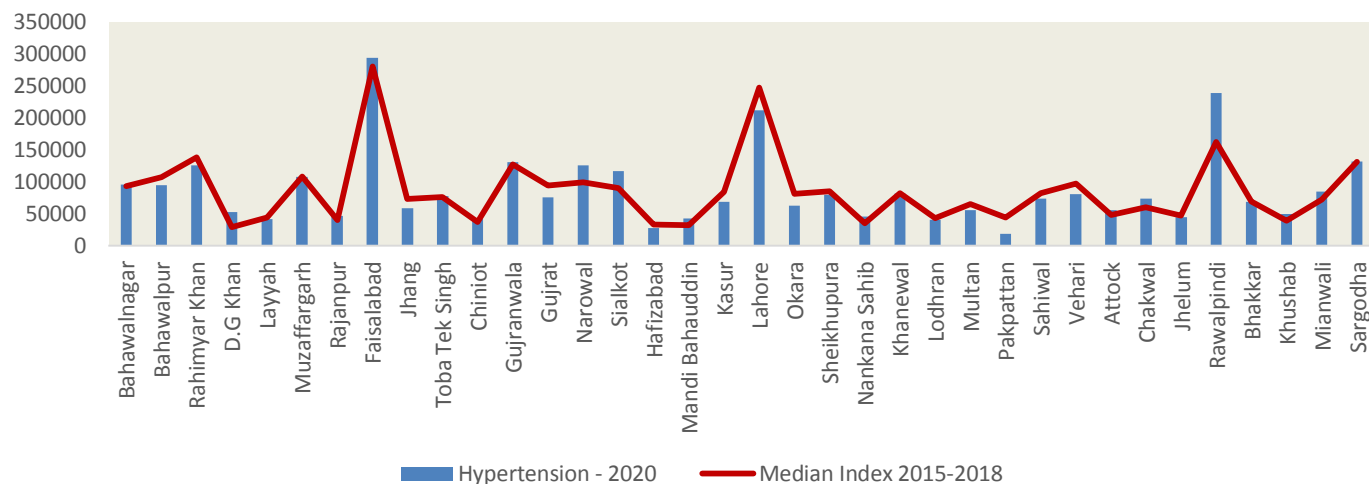
**Fig. 28 Diabetes Mellitus**



**Fig. 28 Peptic Ulcer Disease**

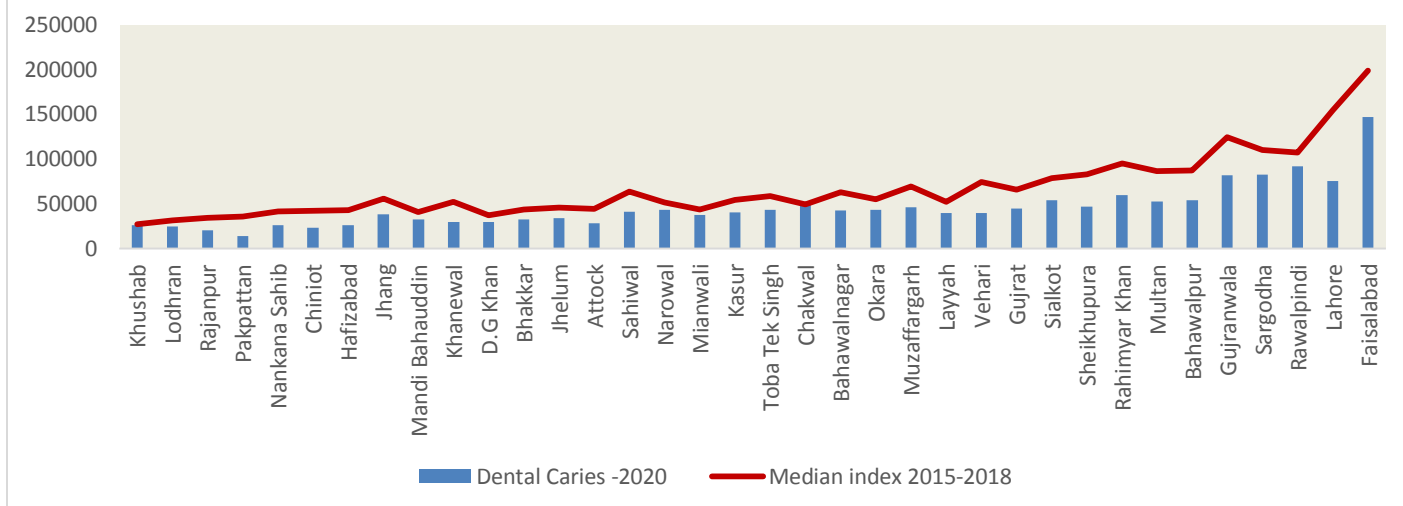


**Fig. 29 Hypertension**





**Fig. 30 Dental Caries**



## Communicable and Non-Communicable Diseases

**Table No.: 3**

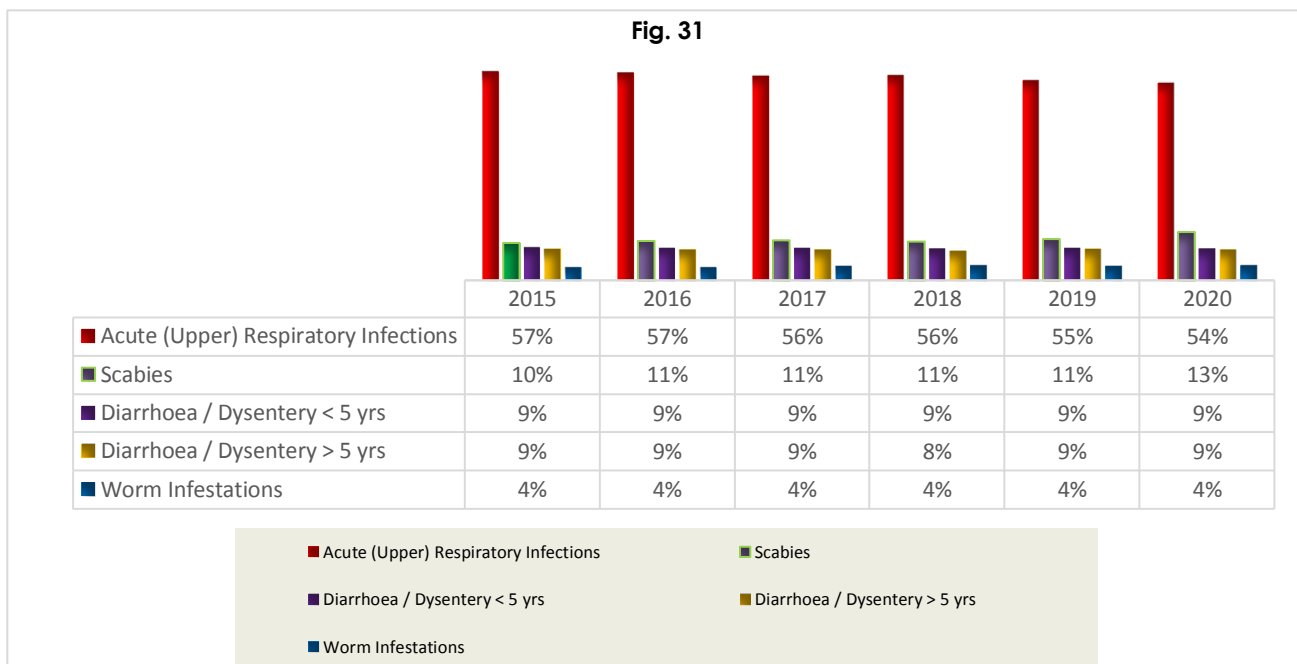
Sr.	Communicable Disease	Total	Per day Communicable Disease
1	Acute (Upper) Respiratory Infections	16,508,617	45229
2	Scabies	4,056,837	11115
3	Diarrhoea / Dysentery < 5 yrs.	2,641,329	7237
4	Diarrhoea / Dysentery > 5 yrs.	2,592,390	7102
5	Worm Infestations	1,274,728	3492
6	Enteric / Typhoid Fever	621,734	1703
7	Suspected Malaria	616,042	1688
8	TB Suspects	576,918	1581
9	Suspected Viral Hepatitis	528,337	1447
10	Pneumonia < 5 yrs.	416,178	1140
11	Pneumonia > 5 yrs.	341,778	936
12	Trachoma	88,763	243
13	Sexually Transmitted Infections	58,395	160
14	Suspected HIV/AIDS	29,189	80
15	Suspected Dengue Fever	28,374	78
16	Acute Watery Diarrhoe	19,199	53
17	Suspected Meningitis	6,542	18

Sr.	Non Communicable Disease	Total	Per day non Communicable Disease
1	Fever due to other causes	5,595,816	17,217
2	Peptic Ulcer Diseases	3,817,063	10,458
3	Hypertension	3,139,909	8,602
4	Diabetes Mellitus	2,749,758	7,534
5	Dental Caries	2,042,759	5,597
6	Road Traffic Accidents	1,856,750	5,087
7	Asthma	1,800,906	4,934
8	Urinary Tract Infections	1,652,931	4,529
9	Dermatitis	1,595,798	4,372
10	Otitis Media	888,171	2,433
11	Chronic Obstructive Pulmonary Diseases	693,714	1,901
12	Ischemic heart disease	689,954	1,890
13	Depression	603,504	1,653
14	Cataract	358,379	982
15	Fractures	342,931	940
16	Dog bite	264,495	725
17	Cirrhosis of liver	118,496	325

Sr.	Communicable Disease	Total	Per day Communicable Disease
18	Cutaneous Leishmaniasis	5,332	15
19	Suspected Measles	5,322	15
20	Seasonal Influenza H1N1	2,307	6
21	Suspected Neonatal Tetanus	1,924	5
22	Acute Flaccid Paralysis	1,536	4
23	Bloody Diarrhoea	997	3
24	Suspected Diptheria	631	2
25	Chicken Pox	597	2
26	Suspected Avian Flu	345	1
27	Suspected Pertusis	76	0
28	Suspected Viral Haemorrhagic Fever(CCHF)	23	0

Sr.	Non Communicable Disease	Total	Per day non Communicable Disease
18	Burns	109,875	301
19	Epilepsy	99,356	272
20	Nephritis/ Nephrosis	62,599	172
21	Benign Enlargement Prostrate	62,593	171
22	Glaucoma	56,053	154
23	Drug Dependence	43,968	120
24	Snake bite(with signs/symptoms of poisoning)	6,699	18
25	Silicosis (Lung Disease)	89	0
<b>Grand Total</b>		<b>30,424,440</b>	<b>116,627</b>

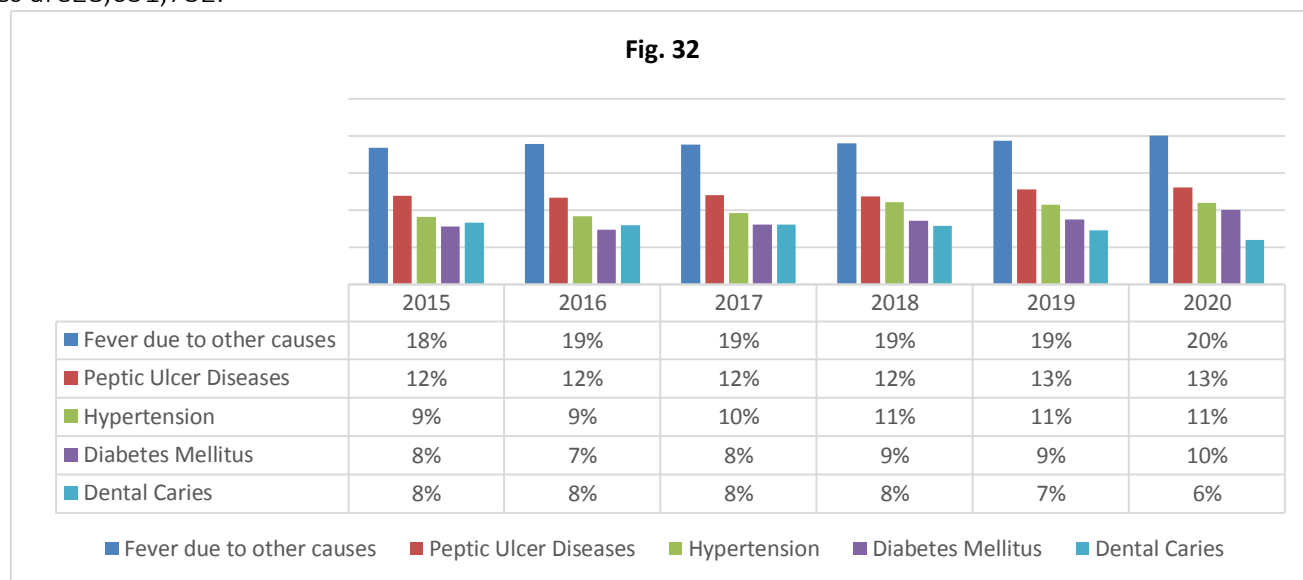
### Year Wise Percentage of Priority Five Communicable Diseases



The percentage of priority five communicable diseases of last five years (fig. 31) exposed that, in year 2020, total number of patients of communicable diseases were 30,424,440. The percentage was calculated from the total number of patients of Communicable disease w.r.t each year.

## Year Wise Percentage of Priority Five Non-Communicable Diseases

The following figure. 32 revealed through the graphical representation of a percentage of priority five Non-Communicable diseases of last five years. The percentage was calculated from the total number of patients of Non-Communicable diseases w.r.t each year. In year 2020, total number of patients of non-communicable diseases are 28,651,732.



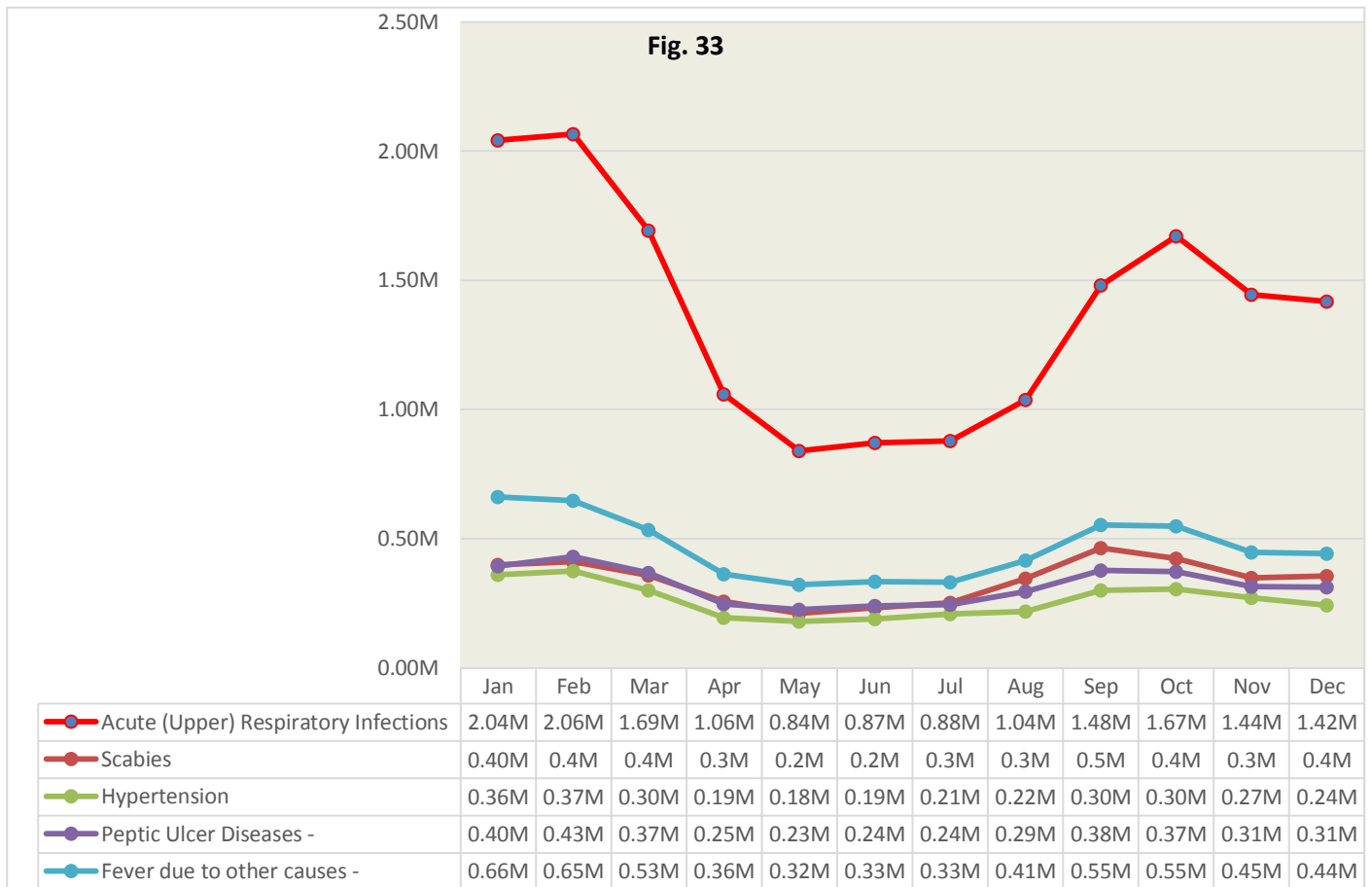
## Epidemic Disease Case

**Table:4**

Diseases	2014	2015	2016	2017	2018	2019	2020
Suspected Malaria	714,950	797,648	801,328	859,565	834,290	837,868	616,042
TB Suspects	687,122	734,325	740,499	765,565	851,331	843,117	576,918
Suspected Viral Hepatitis	288,973	355,724	481,122	672,001	870,722	926,339	528,337
Suspected HIV/AIDS	3,306	3,875	9,272	19,381	23,912	22,970	29,189
Suspected Measles	2,792	7,750	4,839	6,486	25,759	13,824	5,322
Suspected Meningitis	5,023	4,698	6,226	5,587	6,996	9,443	6,542
Cutaneous Leishmaniasis	5,366	8,470	4,399	1,337	2,192	1,586	5,332
Acute Flaccid Paralysis	734	649	821	1,044	1,215	1,519	1,536
Suspected Neonatal Tetanus	1,436	312	893	756	2,782	799	1,924

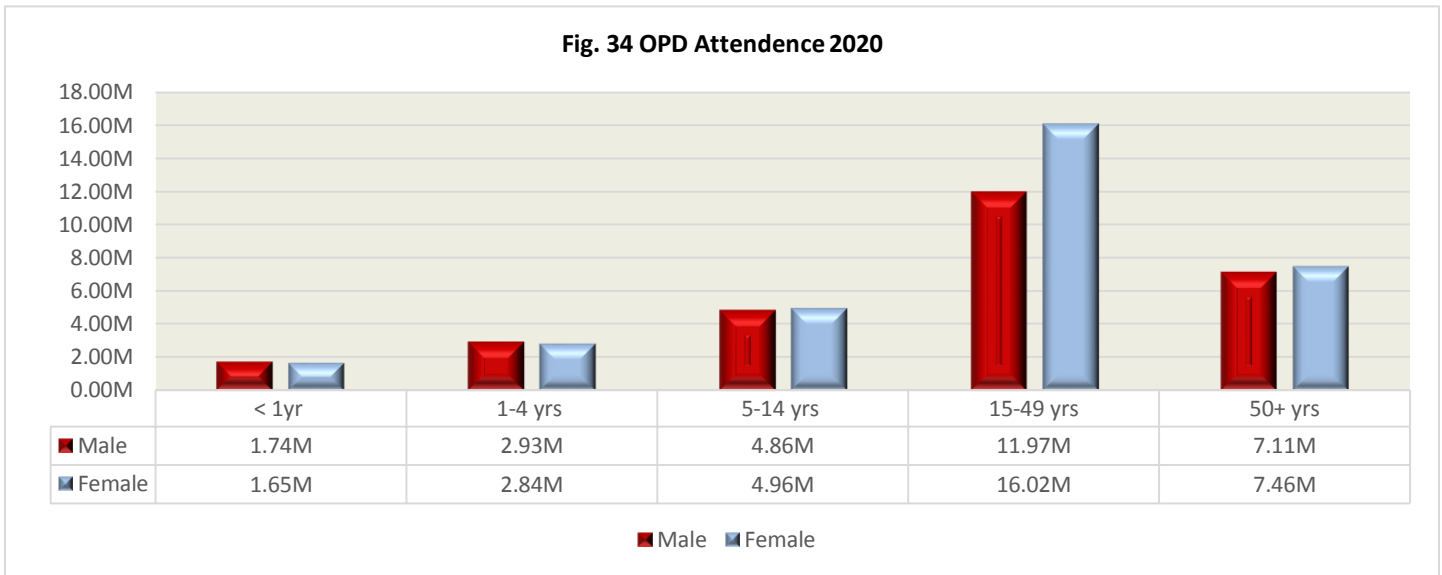
## Prone Five Diseases During 2020

This indicator is a listing of the five priority epidemic cases of both communicable and non-communicable diseases attending OPD. It will indicate what type of patients mostly are attending the OPD so that appropriate measures/ resources can be focused, e.g., training of staff, equipment, medicines, lab facilities etc. In addition, it will suggest focus area for disease control and prevention.



The above fig. 33 compared the month-wise numbers of priority five diseases in the province during the year 2020 (January to December). Acute (upper) respiratory infection (AURI) was the most common disease.

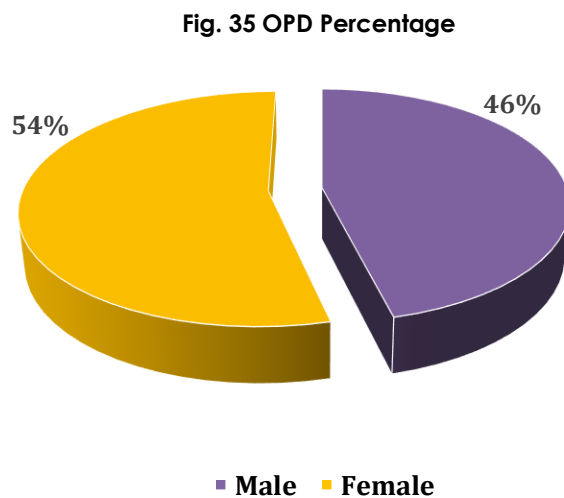
## Patients Distribution by Gender and Age



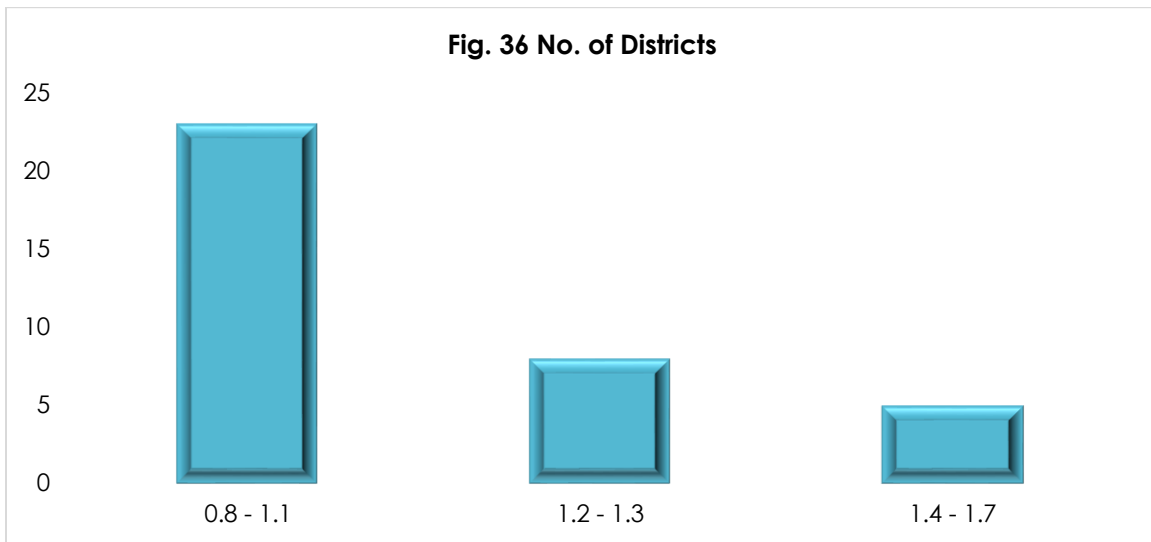
In figure 34, the multiple bar chart, exhibited the age wise and gender wise distribution of new OPD patients attending the health facility in Year 2020. It can be used to understand whether the health facility was catering to specific age groups, e.g., children under 5 years or elderly patients, and to gender equity. It has observed that the maximum number of patients belonging to age group 15-49 availed the health services. The percentage of female patients in this age group attending the OPD (New visits) was 26% while the male was 13%.

### OPD Gender Wise Percentage

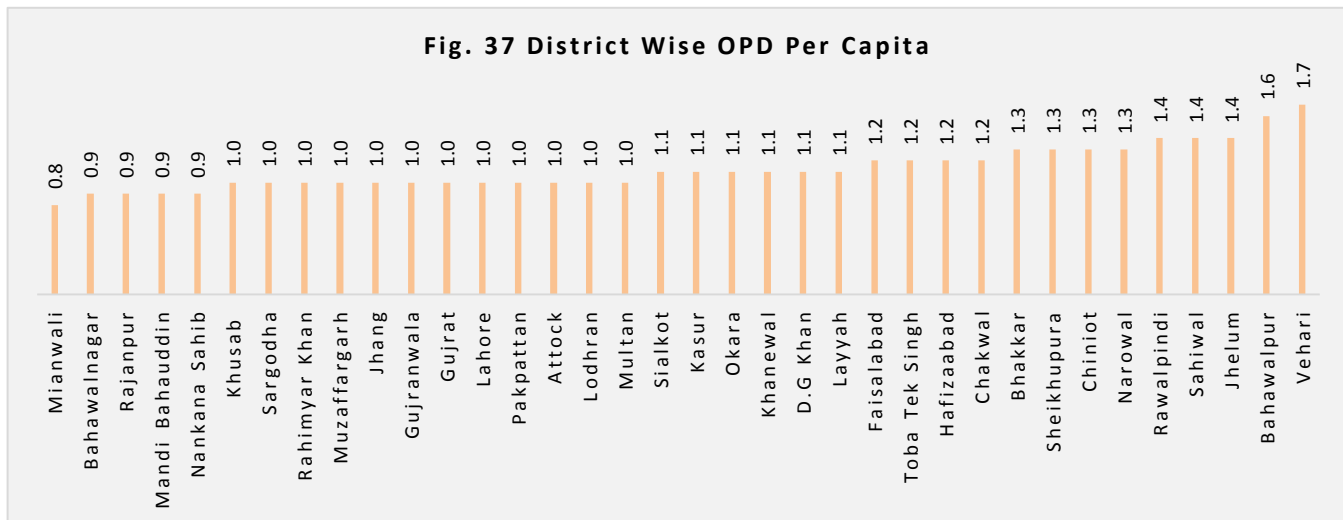
The pie chart in fig.35, displayed the gender wise percentage of male and female patients in year 2020. The percentage of female patients were recorded 54% which was more than the percentage of male patients.



## Per Capita OPD Attendance Year 2020

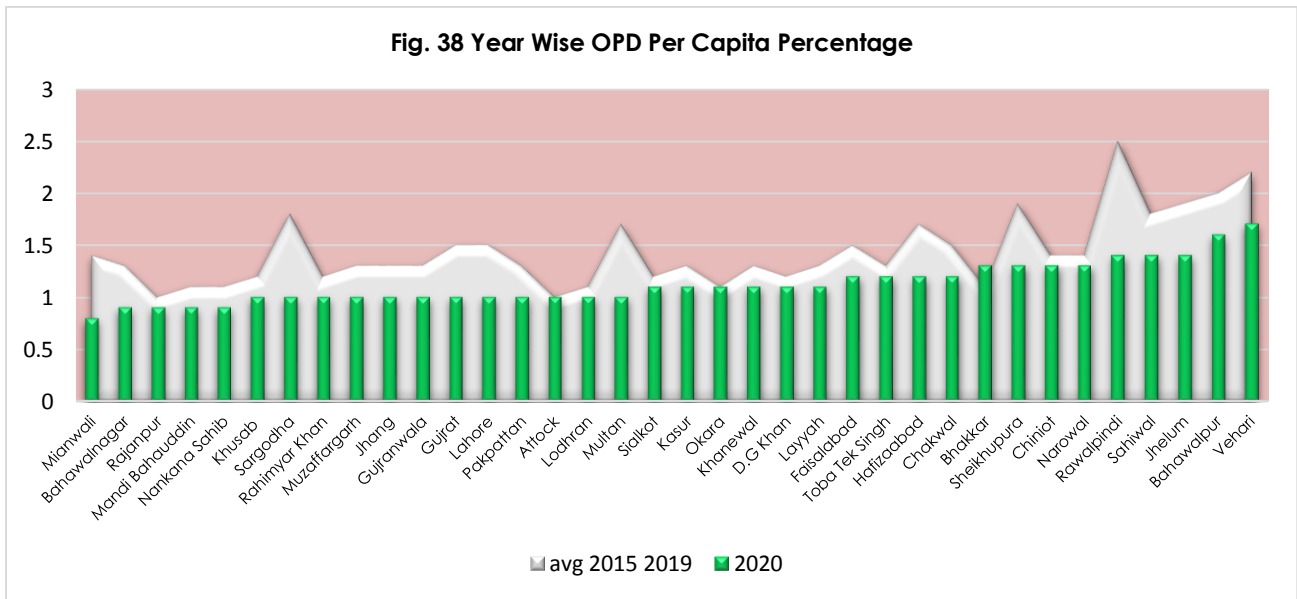


One of the key indicators to evaluate performance on the provision of health services in Province Punjab is to understand the number of people attending and receiving services at health facilities during periods of illness. A good indicator of this is the outpatient attendance per capita. This indicator shows the magnitude of facility utilization by the population. If Out Patient Department (OPD) attendance is found to be high in the public health facilities, it implies that the population is highly satisfied by provision of services in these facilities. During the pandemic year 2020, Per Capita OPD attendance decreased. Above figure 36, revealed the distribution of District Wise Per capita OPD categories and it was found that majority of the districts were falling in the category of 0.8-1.1. The overall per capita OPD attendance during 2020 was 1.1, in the province.

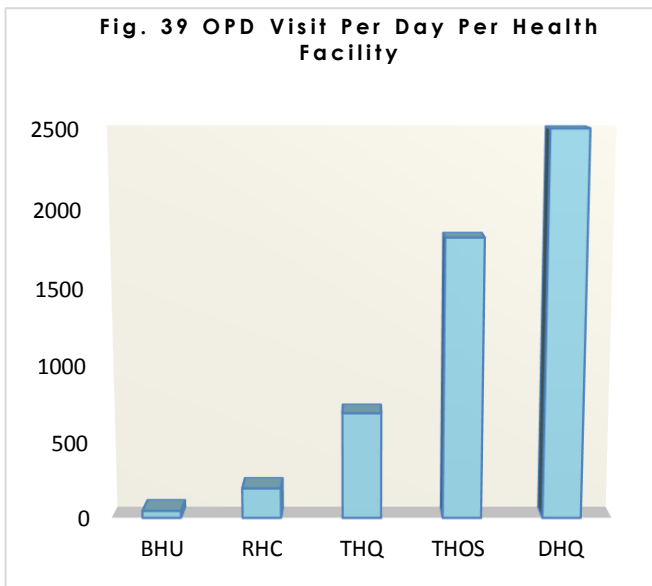


The per capita OPD percentage (fig. 37) in (primary & secondary) and (tertiary) both health care facilities observed that the District Mianwali has the lowest Per Capita OPD attendance (0.8) while Vehari has the highest (1.7).

## Year and District Wise Comparison of Per Capita OPD Attendance



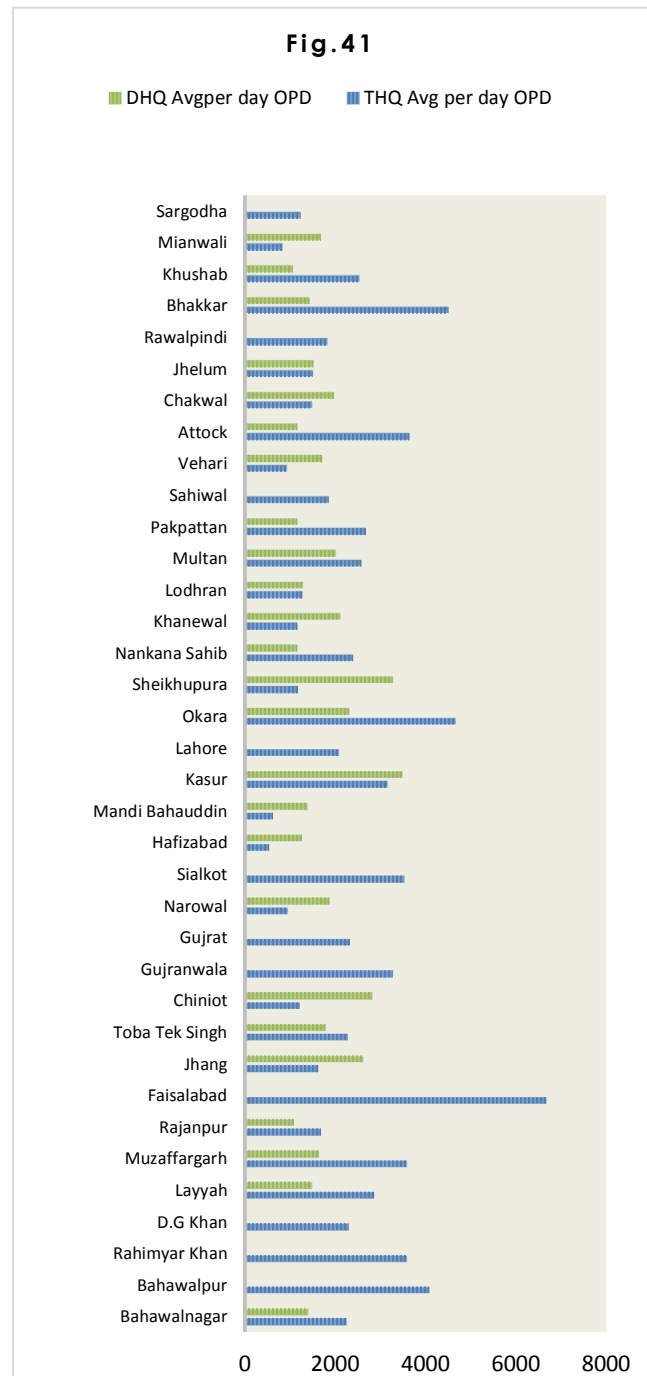
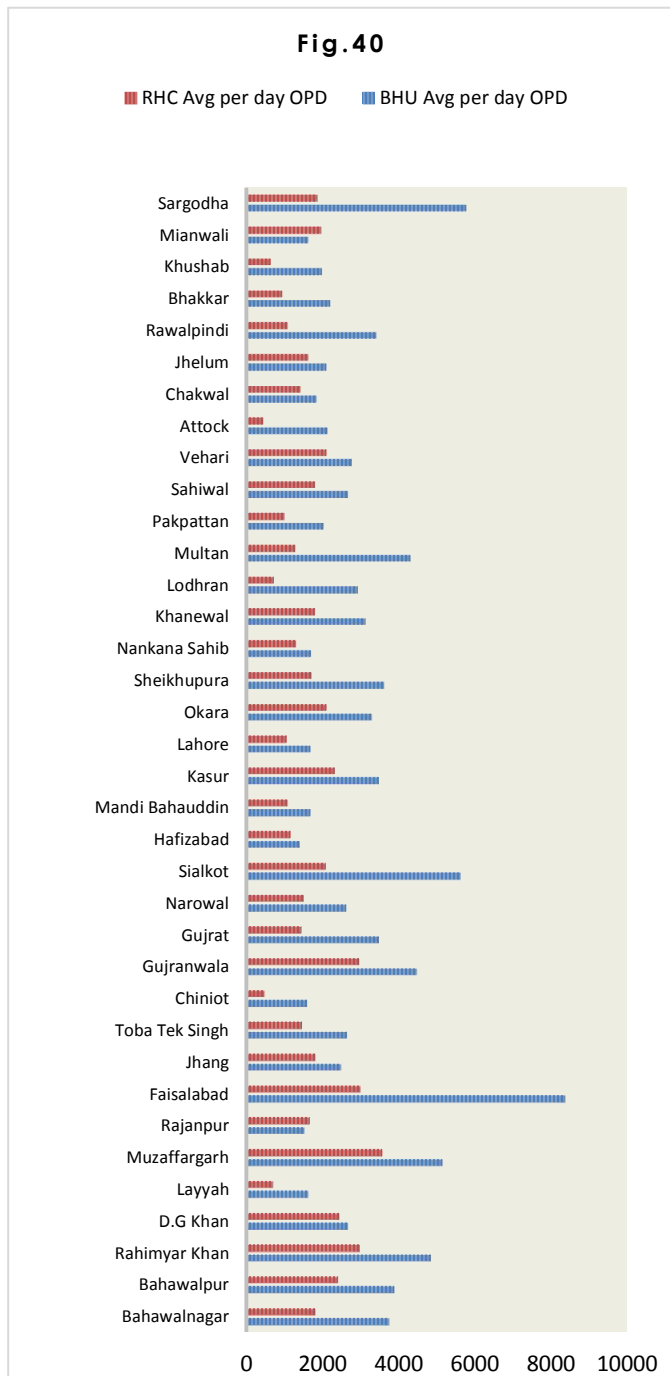
## Facility Type Wise Average Number of OPD Visits (Per Day Per Health Facility)



This indicator is useful to understanding facility workload/utilization and to compare which facilities are well performing which are not. A benchmark may be used for comparison; or comparison among facility. The facility type wise average number of OPD visits per day per health facility (fig. 39) during 2020 were reported as BHU 46, RHC 196, THQ 692, DHQ 1,817 and THOS 2,494 number of patients per day visited at each health facility of Punjab province respectively. As the widespread of COVID-19 decline may be clearly seen in OPD and THOS.

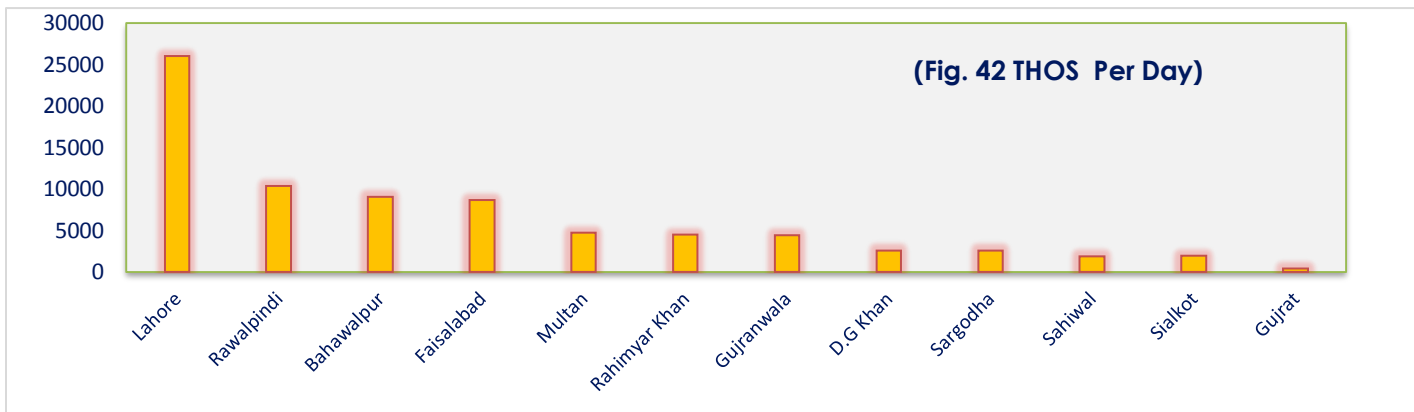
## District Wise & Facility Type Wise Average New Cases Per Day OPD Visits

If Out Patient Department (OPD) attendance has found to be high in the public health facilities, it indicated that the population was highly satisfied by provision of services in these facilities.



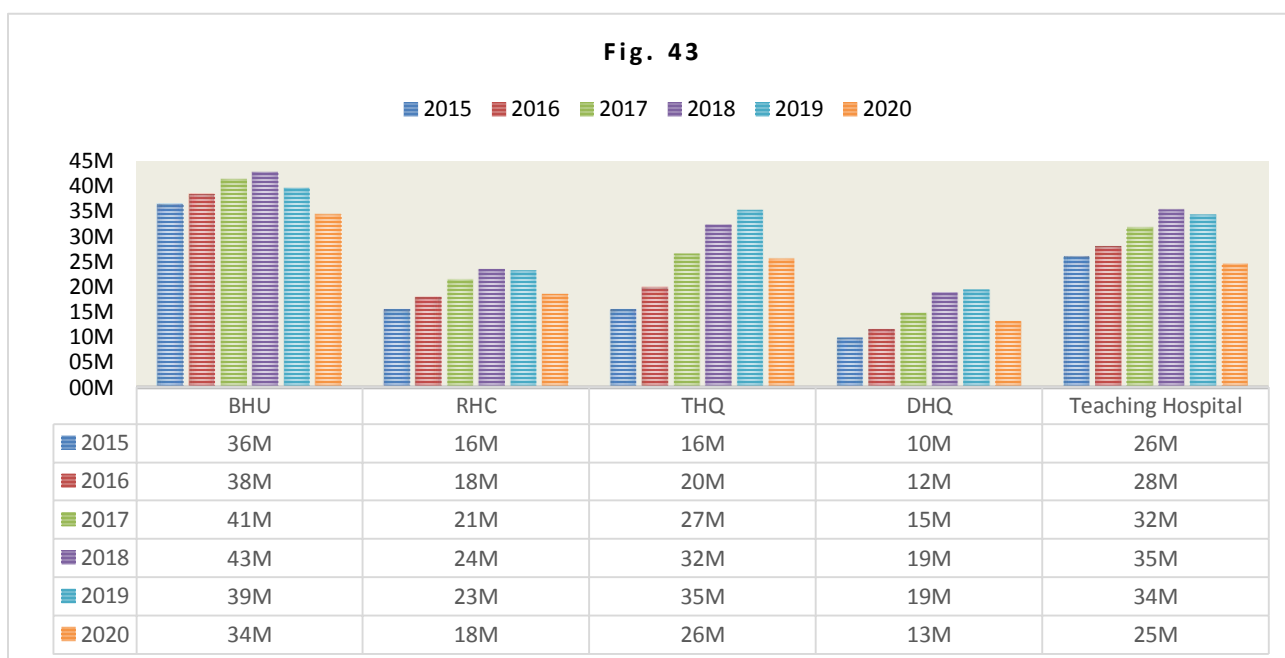


The District Wise Average new case per day OPD visits in Teaching Hospitals (THOS). In fig. 42, Lahore has 26,010 number of average OPD visits per day in 18 Teaching Hospitals which was the highest among all Teaching hospitals in Punjab districts. Gujrat has lowest number of average OPD visits per day with 373 visits in 1 Teaching Hospital. It is to be noted that during year 2020, OPD Section was closed due to covid-19.



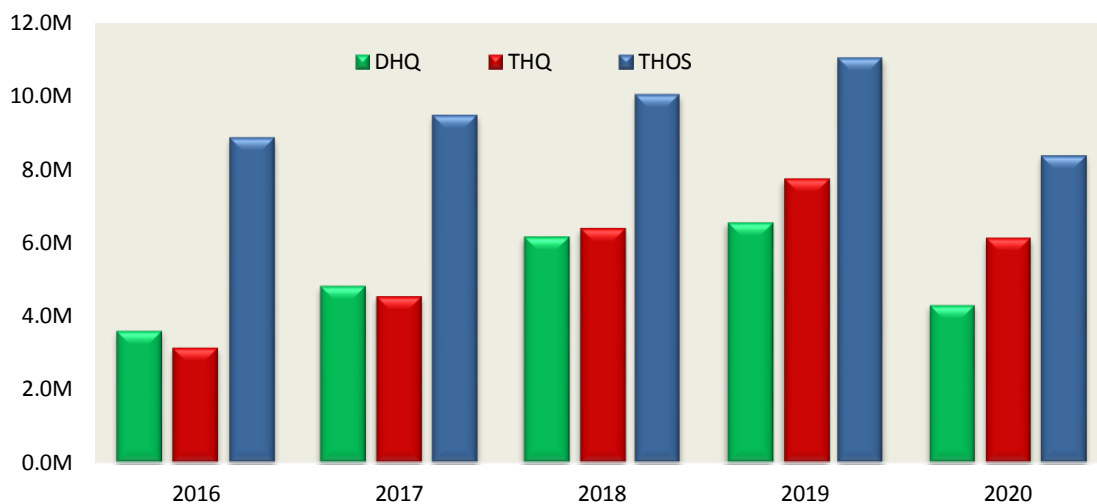
### Year Wise and Health Facility Type Wise OPD Visits

The Patient's satisfaction is a useful measure an indicator of quality healthcare and thus needs to be measured frequently. Measuring the quality of intangible service products has become a great challenge for managers and administrators in the health services industry. Patient satisfaction is linked to health status, availability of Human Resources as well as availability of Medicine. Thus its mean patients are satisfied with quality of healthcare system of Government. The year wise as well as Health facility wise comparison of Outpatient (New cases & Follow-up cases) and Health facility type of OPD in BHU, RHC, THQ, DHQ and Teaching Hospital from 2016-2020 (fig.43) showed that the pandemic COVID-19 has effected the whole Health System. The decline can clearly be seen in year-wise and health facility type wise OPD visits in 2020.



## Year Wise and Health Facility Wise Emergency Cases

**Fig.44**



**Table No.: 5**

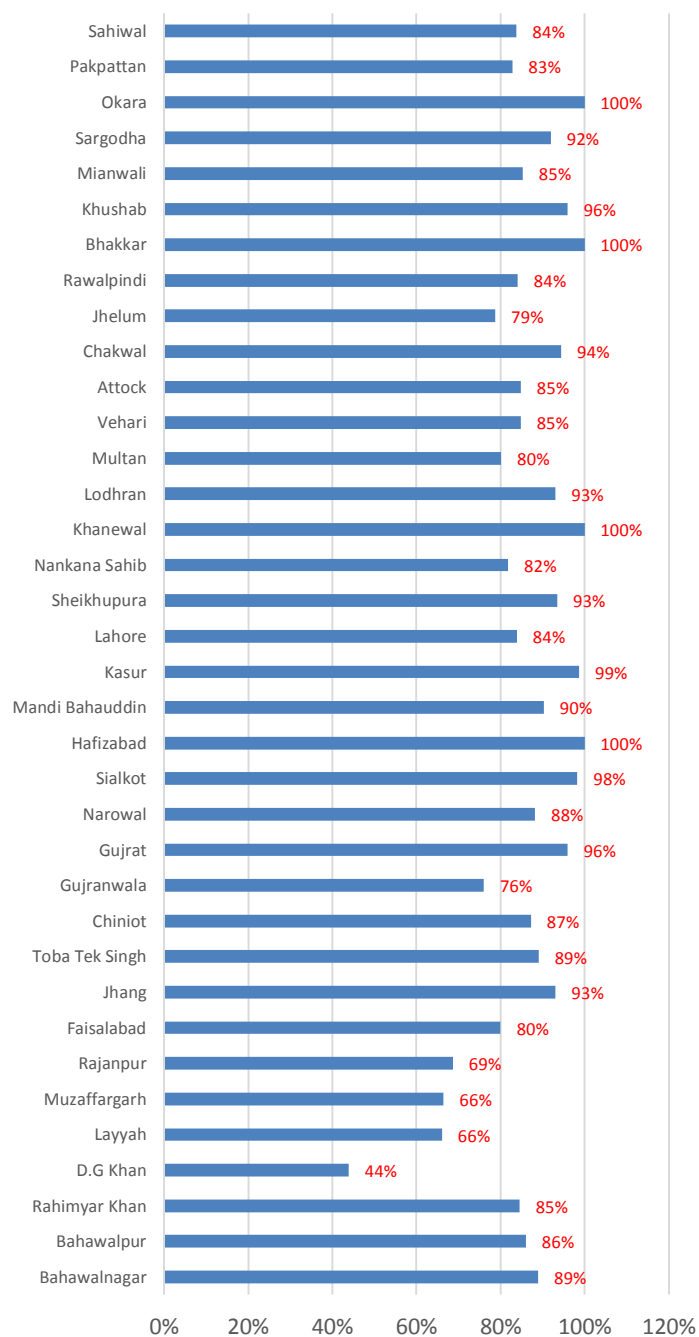
	DHQ	THQ	THOS
<b>2016</b>	<i>3,596,003</i>	<i>3,141,861</i>	<i>8,866,289</i>
<b>2017</b>	<i>4,818,520</i>	<i>4,540,141</i>	<i>9,481,828</i>
<b>2018</b>	<i>6,157,020</i>	<i>6,394,127</i>	<i>10,043,597</i>
<b>2019</b>	<i>6,556,530</i>	<i>7,741,555</i>	<i>11,043,824</i>
<b>2020</b>	<i>4,295,966</i>	<i>6,123,652</i>	<i>8,376,685</i>

## Antenatal Care Coverage

Antenatal care coverage is an indicator of access and utilization of health care services during pregnancy. It is a measure of the number of pregnant women who utilize antenatal care services provided at the public health facility at least once during their current pregnancy.

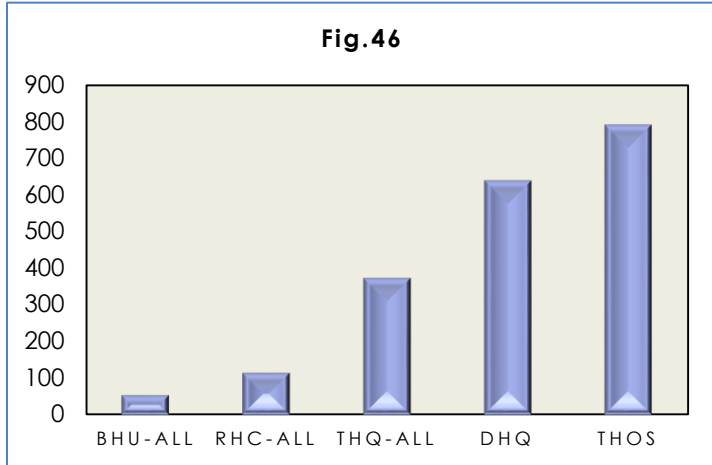
## District Wise Numbers of ANC-1 Visits (Out of expected population 3,982,975, (3.4%))

**Fig. 45 First Antenatal Care Services (ANC1)**



This indicator indicates how many of the pregnant women in the catchment area are covered through the facility for antenatal care services. In other words, it reflects the market share of the facility in providing antenatal services. When compared against previous performance or target, it will provide information on the current performance of the facility or facilities in the tehsil/district in catering to the antenatal care needs of the target population of pregnant women. It can reflect the integrity of referral linkages between LHW and the facility-based health care providers, the extent of mobilization of pregnant women or their families to utilize maternal health services from the public health facilities and/or the trust of the community on the public health facilities/providers.

According to the graphical representation of ANC-1 visits (fig. 45), during 2020, lowest coverage was observed in D.G. Khan (44%) of the expected population. District Hafizabad, Khanewal, Bhakkar and Okara have highest ANC-1 visits as they were adding their revisit clients also.



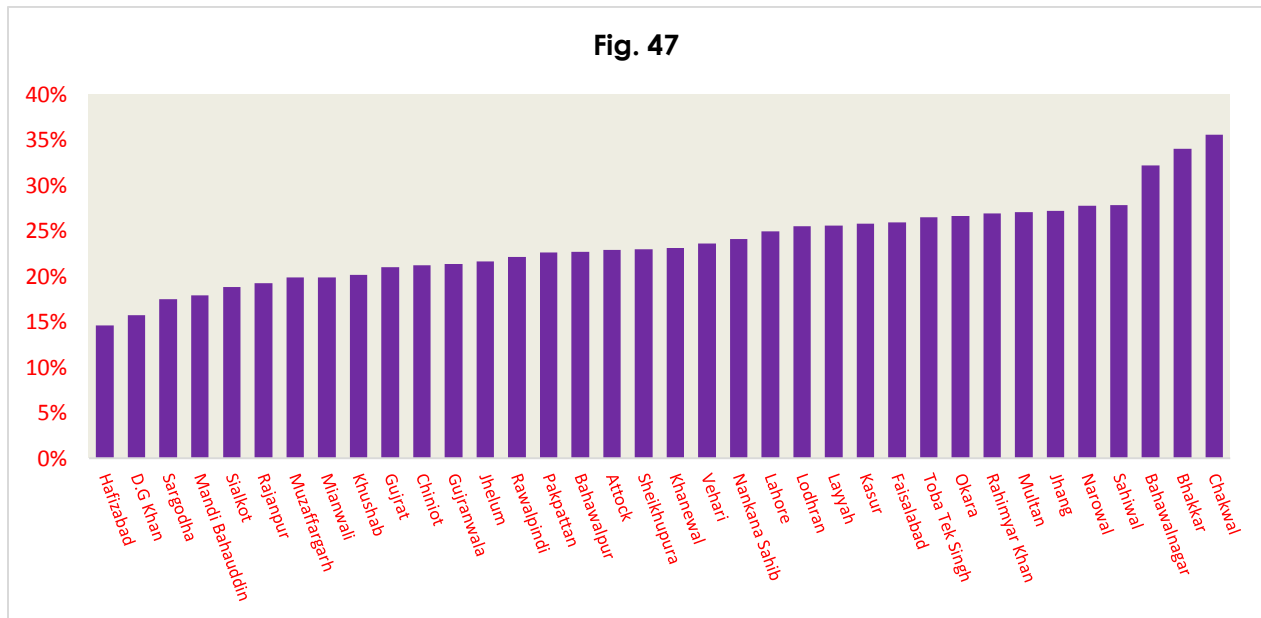
### Facility Type Wise Average Number of ANC-1 Visits (Per month per Health Facility)

During the pandemic year 2020, number of total ANC-1 visits were 3,427,735 and the health facility type wise number of ANC-1 visits per month per health facility were showed in Fig. 46. On average, the highest number of visits were reported in Teaching hospitals as 792 visits per

month, at each teaching hospital facility.

### Percentage of Anaemia among ANC-1 Attendance

Percentage of pregnant women screened for hemoglobin levels at their first antenatal care visit (fig. 47) to the facility with hemoglobin levels less than 10g/dl.

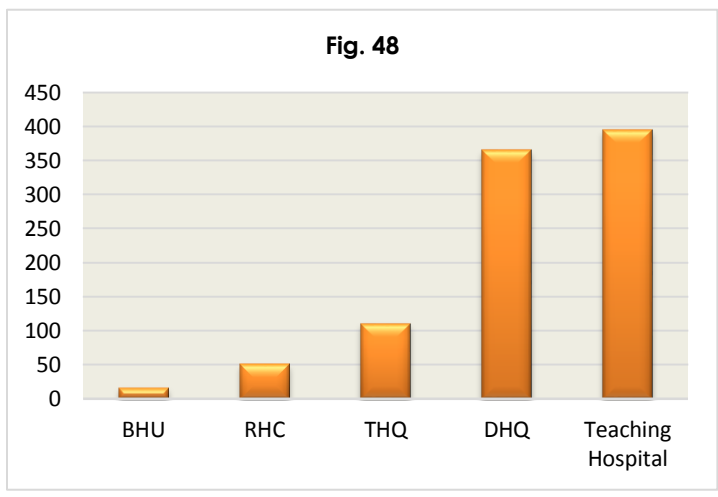


Pregnant women coming to the facility for antenatal care services taken as a sample of women from the catchment population. The nutritional status among this sample of pregnant women is suggestive of the nutritional status of women in the catchment population. 784,154 of the women coming for ANC-1 were reported as anemic (hemoglobin<10g/dl) out of the total ANC-1 visits 3,427,735.

## Facility Type Wise Average Number of Deliveries Conducted (Per month per Health Facility)

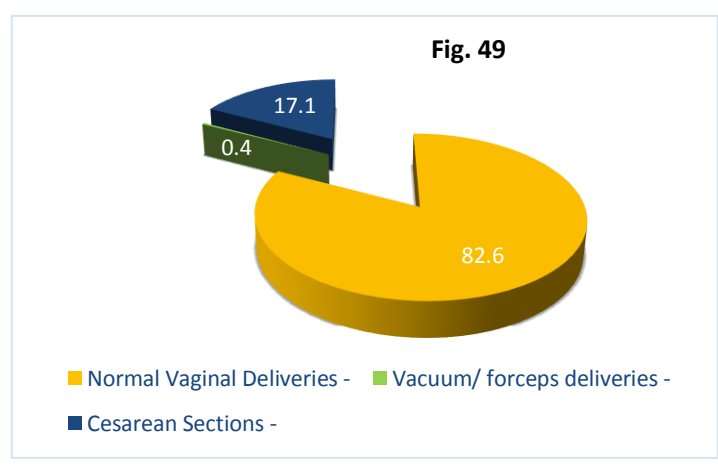
The health facility type wise Average number of deliveries conducted per month per health facility has been displayed in fig. 48.

On average, during the year 2020 total deliveries conducted were 1,191,832 at all health facilities i.e. BHU (all), RHC(all) THQ, DHQ and Teaching Hospitals in Punjab.



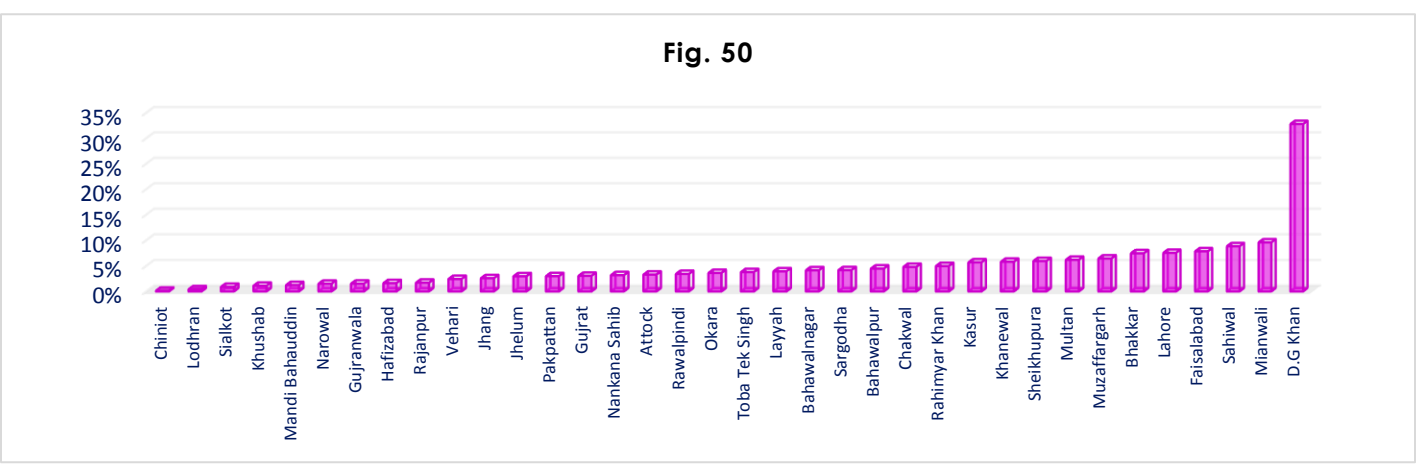
## Type Wise Deliveries

(Fig. 49) During the year 2020, total deliveries conducted at health facilities were 1,191,832 which was 43% of the expected population out of which 82.6% of Normal vaginal deliveries, 0.4% of Vacuum/forceps deliveries and 17.1% of Cesarean section reported.



## Obstetric Complications

**Fig. 50**

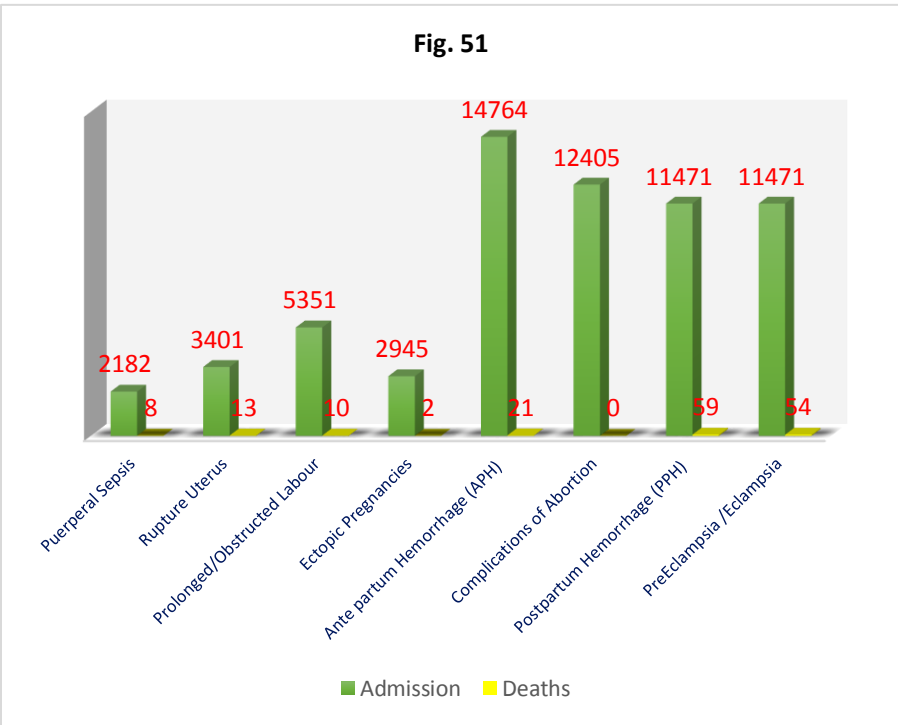


This indicator is a measure of the proportion of women estimated to have obstetric complications who are treated in the public health facilities of the total deliveries in secondary and tertiary care hospitals. In Fig. 50, district-wise obstetric complications have been displayed of year 2020.

This indicator will suggest how much of the complicated pregnancies are catered by the public health facility. Indirectly, it also reflects the quality of services at the facility, the quality, and coverage of antenatal care services in the catchment area and the strength of the referral system.

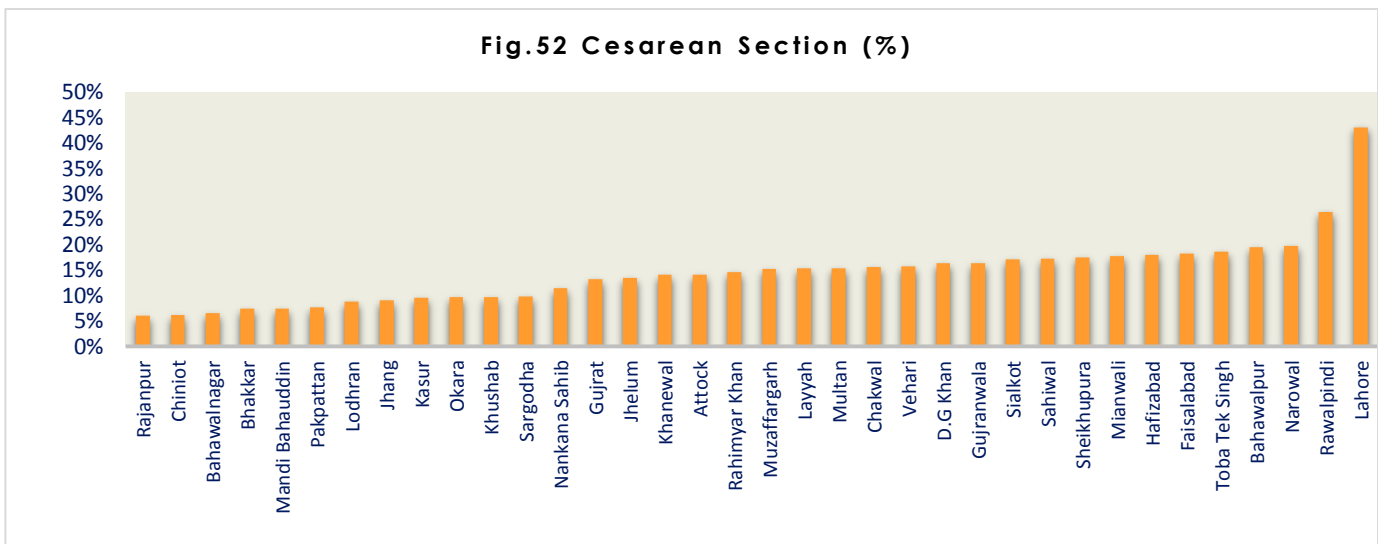
The highest percentage was observed in D.G Khan (33%) and lowest percentage was observed in Chiniot and Lodhran (0%).

## Number of Admission and Deaths in Obstetric Complications



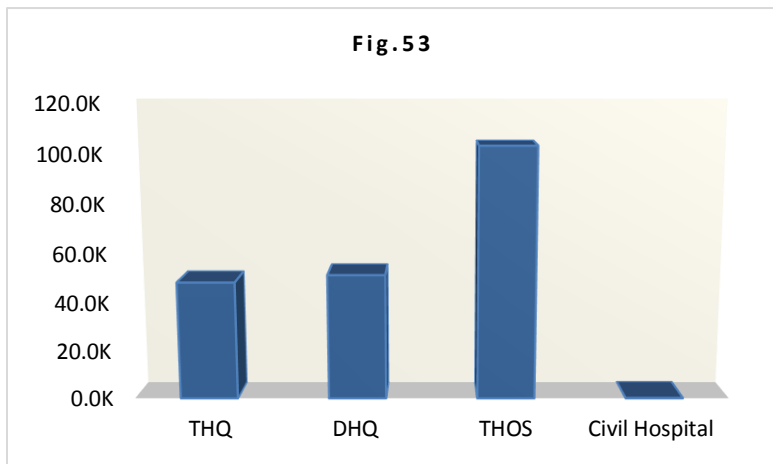
Number of type wise obstetric Complications admissions and deaths in secondary and tertiary care hospitals for the year 2020 can be seen in fig. 51. During 2020, total numbers of deliveries with complications were 63,990 of the total deliveries 1,191,832 in secondary and tertiary care hospitals. The percentage of obstetric Complications during 2020 is 5%.

## CAESAREAN SECTION



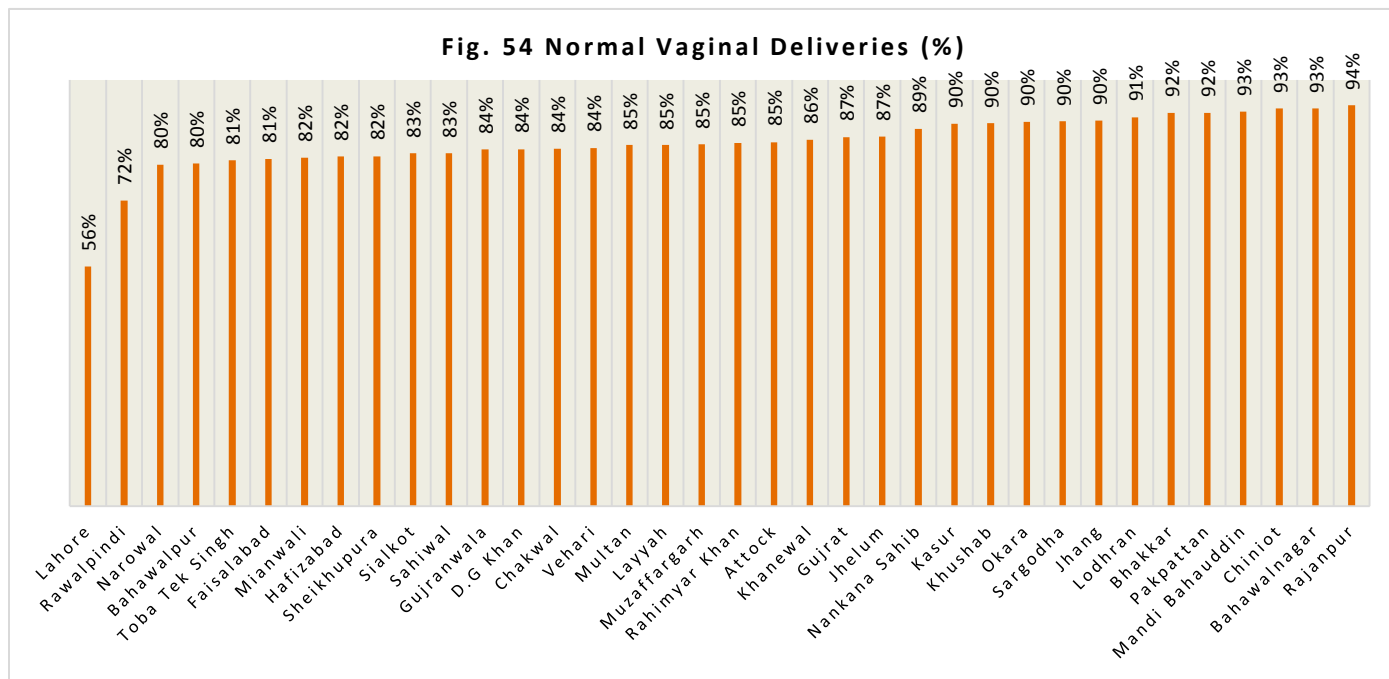
This indicator is a measure of Caesarean Sections as a percentage of all births in the Public Health facilities. This indicator provides an estimate of what proportion of C-sections are taking place in public health facilities. On the other hand, high proportion may indicate over-indulgence in C-sections.

It was observed that from fig.52, during year 2020, deliveries with C-section constitute 17% (203,522) of the total deliveries (1,191,832). The overall situation indicated that the higher number deliveries with C-section were conducted in Lahore (43% of the total number of deliveries) and lowest percentage was observed in Rajanpur (6% of the total deliveries).



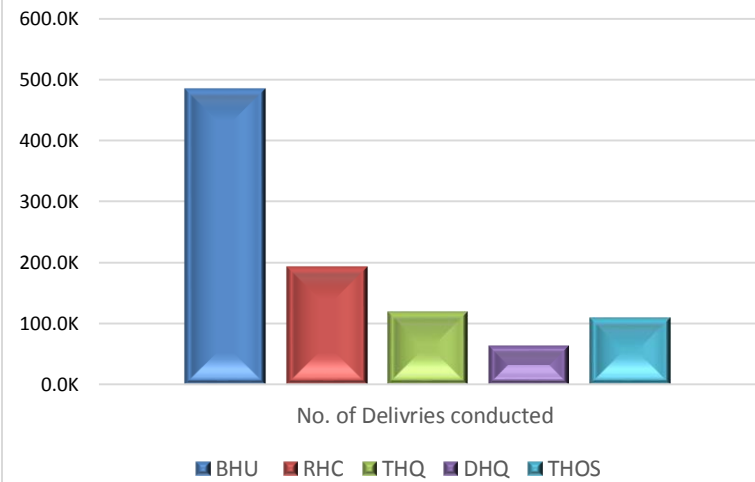
### Facility Type Wise Number of Caesarean Sections Conducted

The health facility type wise number of Caesarean sections conducted during 2020 can be visualized through fig. 53. The highest number of C-section were reported at Teaching Hospitals i.e. 102.8K cases and lowest were reported at Civil Hospitals i.e. 5K.



It was observed from the fig. 54, in 2020, Normal Vaginal Deliveries constituted 83% (984,045) of the total deliveries (1,191,832). The percentages of district-wise normal vaginal deliveries have calculated from the total number of deliveries conducted i.e. (normal deliveries, Vacuum Forceps, Cesarean Section) in all health facilities during the year 2020. The overall situation indicated that the higher number of Normal Vaginal deliveries were conducted in district Rajanpur (94% of the total number of deliveries) and lowest percentage was observed in district Lahore (56% of the total deliveries).

**Fig. 55**



### **Facility Type Wise Number of Normal Deliveries Conducted**

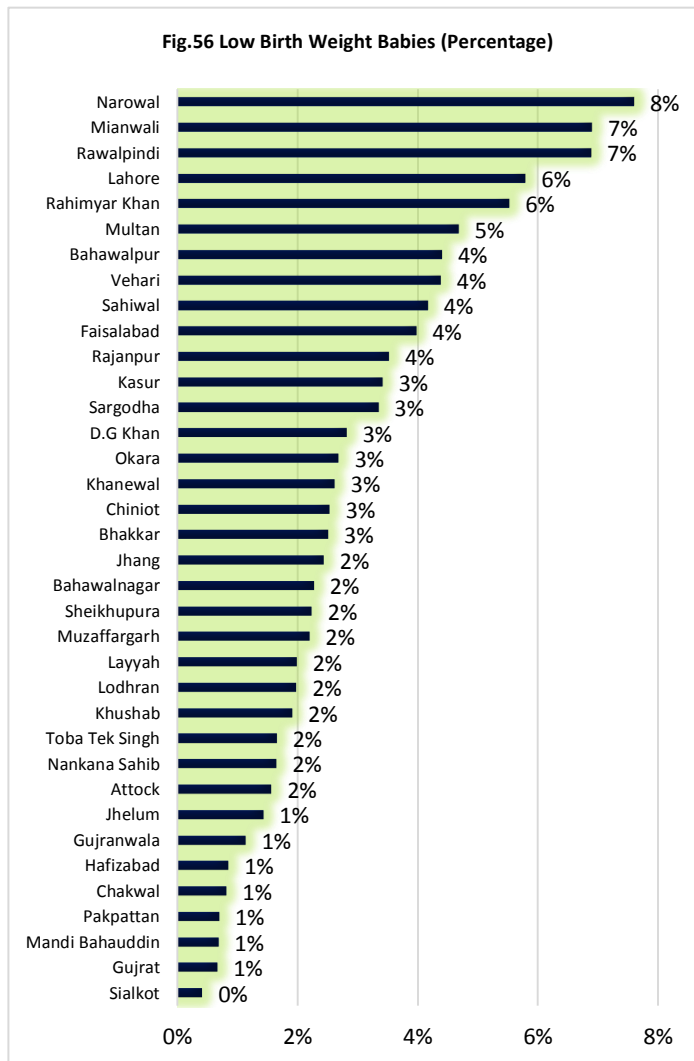
The highest numbers of Normal Vaginal Deliveries conducted during 2020 health facility type wise reported (fig. 55) at BHU (All) that were 485.9K cases and lowest numbers reported at DHQ Hospitals that were 62.1K.



## District Wise Low Birth Weight (LBW) Babies (Percentage)

This indicator measures the proportion of live births with low birth weight (live born infants with birth weight less than 2.5 kg) among births in health facility in a given time period. LBW rate is a good indicator of a public health problem that includes long-term maternal malnutrition, ill health, and poor health care. On an individual basis, low birth weight is an important predictor of new-born health and survival.

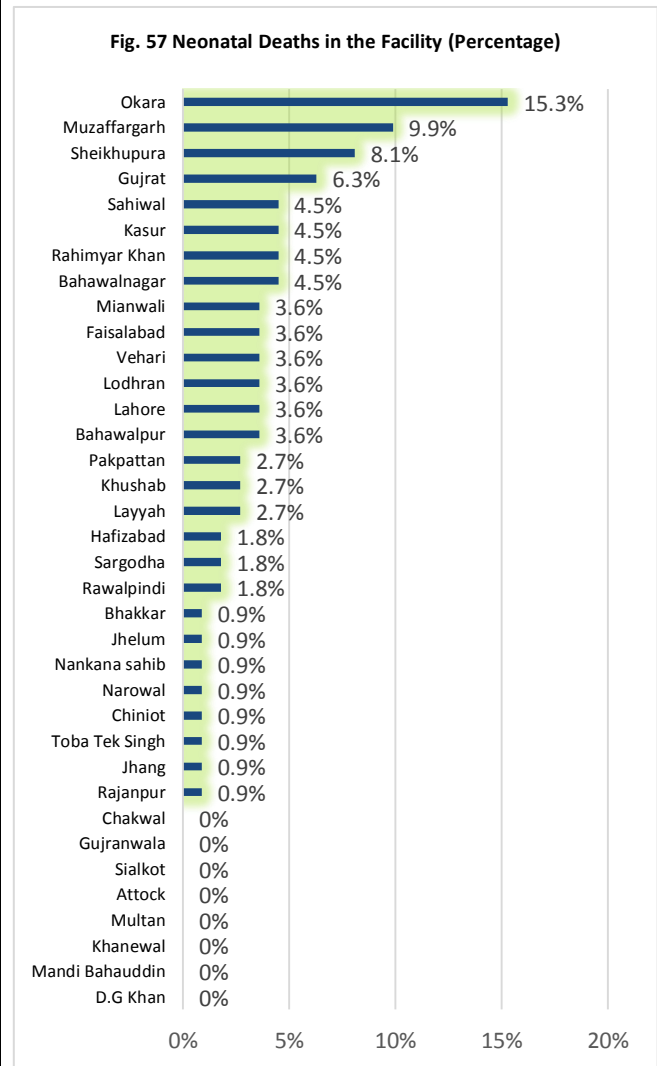
Fig. 56 exhibited that, During the year 2020, the highest percentage was observed in Narowal (8%) and lowest percentage was observed in Sialkot (0%).



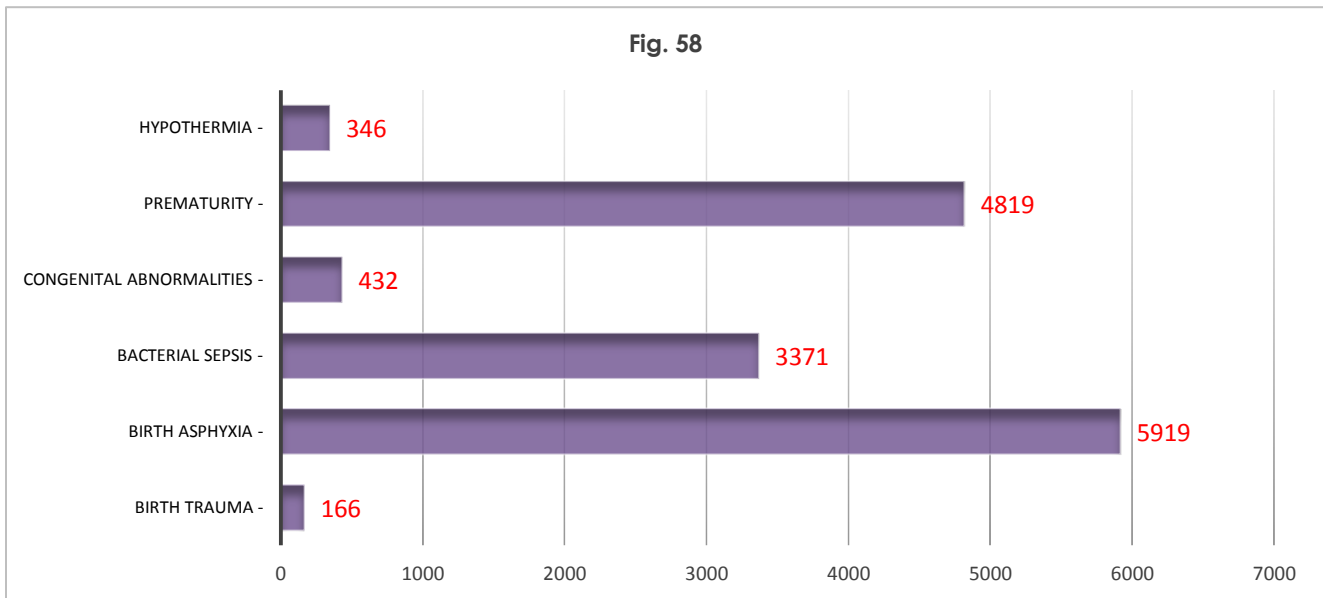
## District Wise Neonatal Mortality Rate (Percentage)

This indicator is calculated from the data received from the health facilities in secondary and tertiary care hospitals. Neonatal Mortality rate is suggestive of the quality of new born care, especially the immediate new born care and obstetric care in the facility. It may also reflect poor nutritional status of mothers and poor health care seeking behavior in the community.

In Fig. 57, the district wise neonatal mortality rate can be visualized through bar chart. The percentage of mortality rate was highest in Okara (15.3%) live births.



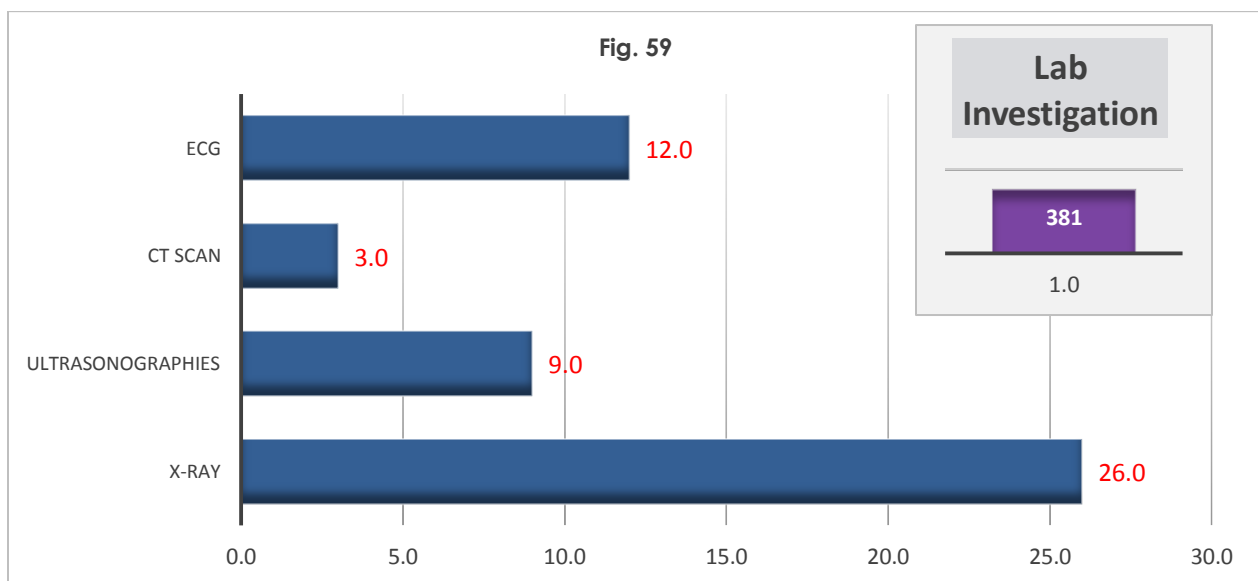
## Number of Neonatal Deaths Due to Complications during Pregnancy



## Diagnostic Services Utilization

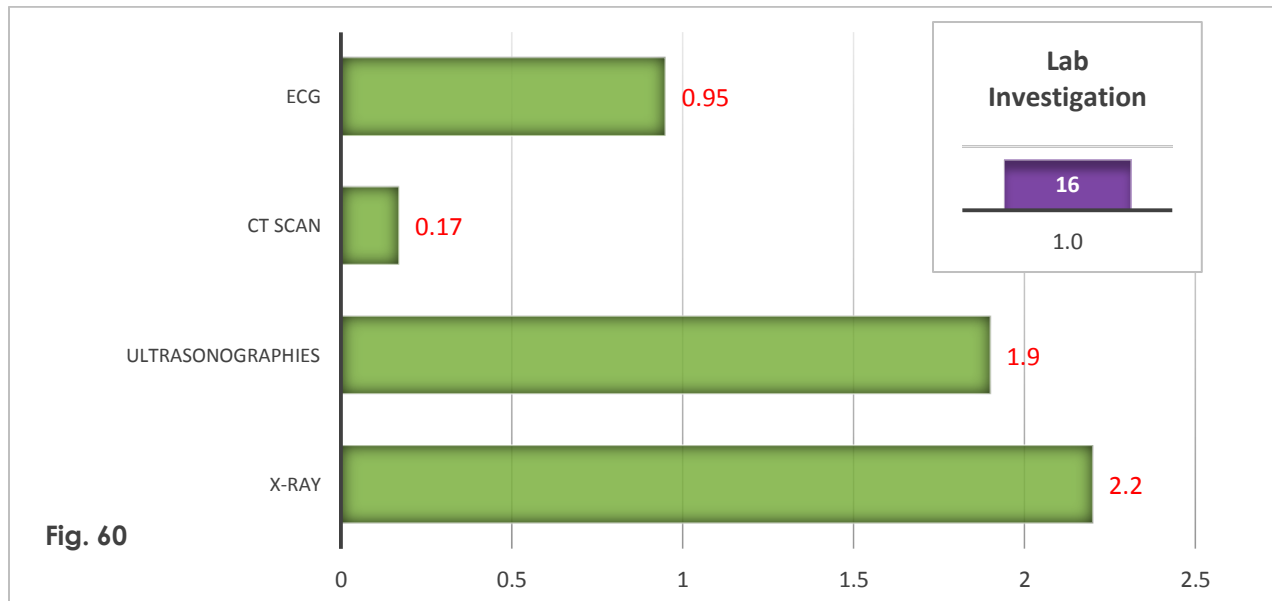
It indicates utilization of Diagnostic services at the facility and also gives a measure of the proportion of patients receiving diagnostic services from the laboratory of the health facility. This indicator reflects the quality of care in terms of utilization of diagnostic services. It also helps to understand the need for resource allocation for diagnostic services based on the utilization rate.

## Percentage of Diagnostic Services Utilization Indoor During 2020



In indoor Lab Services during 2020, the overall percentage of Lab Investigations (Fig.59) that the overall percentage of X-Rays 26.0%, Ultra Sonographies 9.0%, CT Scans 3.0% and ECGs 12.0%.

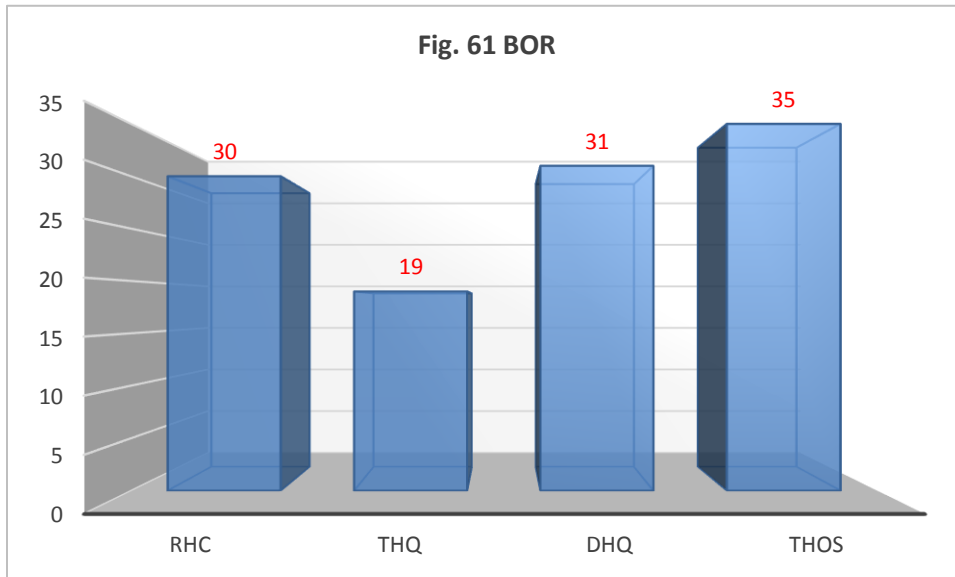
## Percentage of Diagnostic Services Utilization Outdoor During 2020



**Fig. 60**

In outdoor Lab Services during 2020, the overall percentage of Lab Investigations (Fig.60) that 16 and the overall percentage of X-Rays 2.2%, Ultra Sonographies 1.9%, CT Scans 0.17% and ECGs 0.95%.

## BED OCCUPANCY RATE

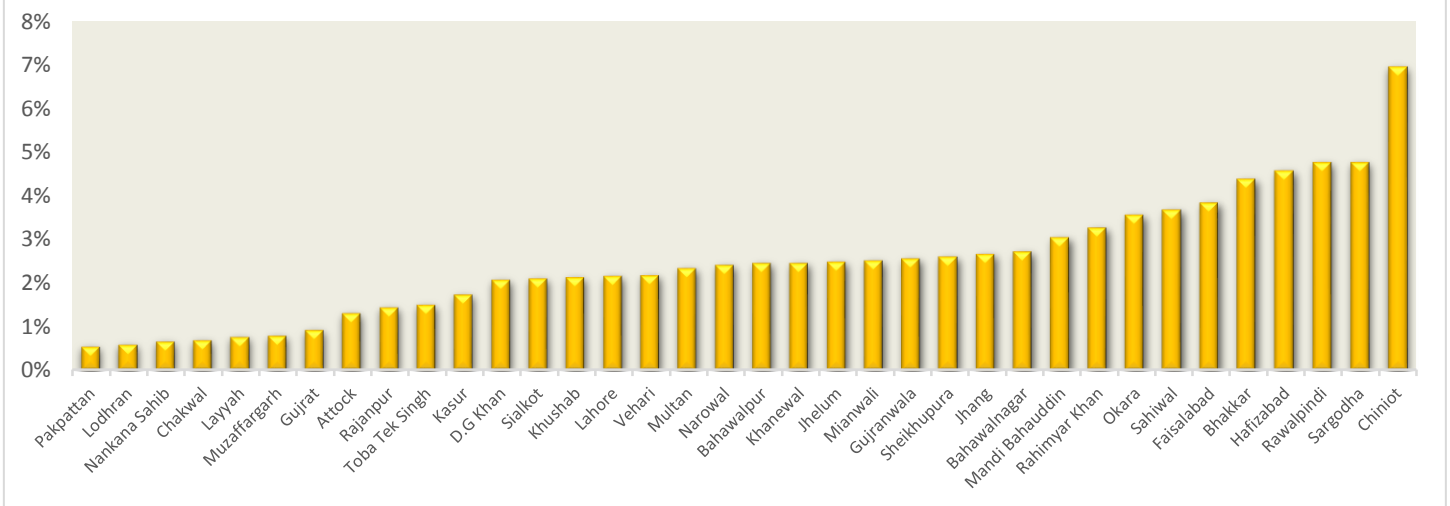


### Facility Type Wise Bed Occupancy Rate

The health facility type wise bed occupancy rate during year 2020 (January to December) can be seen in fig. 61. Furthermore, since these averages are generally calculated based on an average number of available staffed beds for a year they frequently conceal bed borrowing by other.

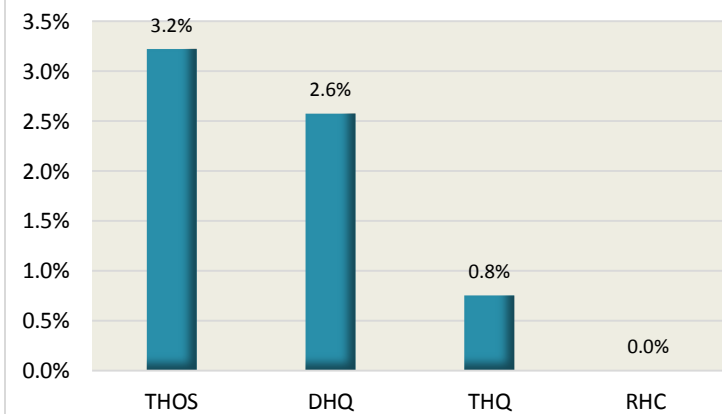
## HOSPITAL DEATH RATE

**Fig. 62 Hospital Death Rate**



This indicator is the measure of the proportion of hospital deaths among admitted patients in hospitals. It was noted from fig. 62, the percentage of deaths was highest in Chiniot due to the pandemic Covid-19 in the year 2020.

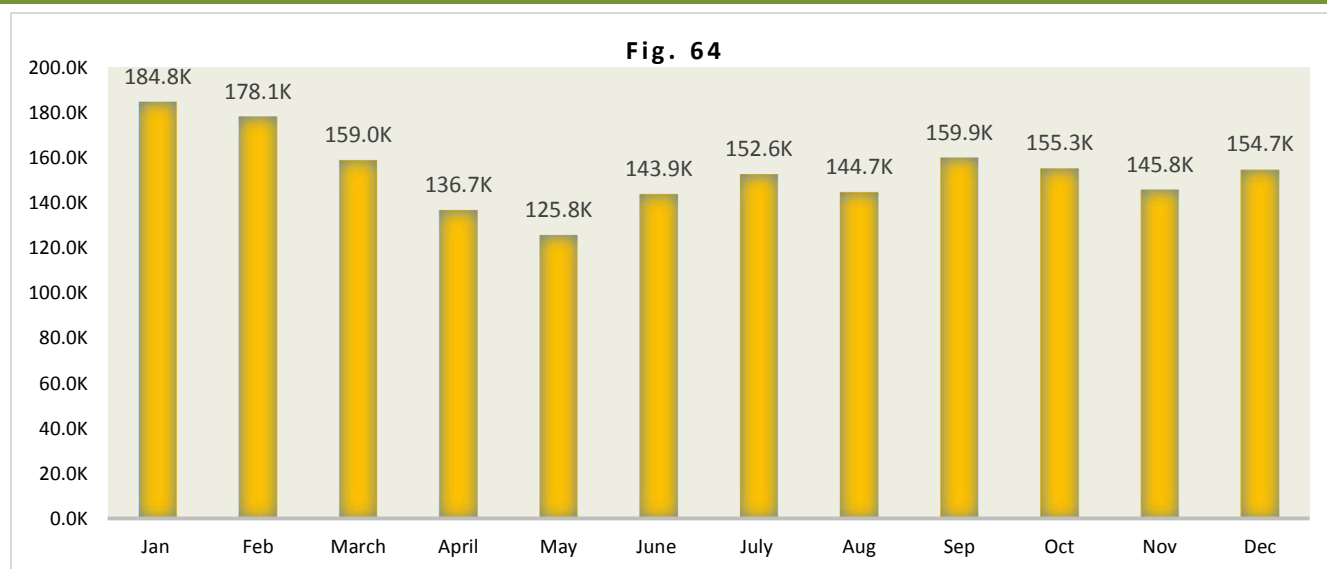
**Fig. 63**



### Facility Type Wise Hospital Death Rate

This indicator is indicative for quality of care at the hospital indoors. Fig. 63 displayed the facility type wise hospital death rate. The highest percentage was observed in THOS as 3.2% following DHQ as 2.6. THQ 0.8% and RHC 0.0%.

## FAMILY PLANNING VISITS



Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility (this fact sheet focuses on contraception). According to the statistics shown in fig. 64, during year 2020, 1,841,372 family planning visits were reported from the public sector health facilities against the expected population (16% MCBA).

## District-wise Number of Commodities Distributed

**Table No.: 6**

District	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD -	Tubal Ligation	Vasectomy	Implants -
Bahawalnagar	2648	101	11310	1853	228166	9311	146	10	60
Bahawalpur	11400	296	12320	240	146281	9437	237	4	3
Rahimyar Khan	8014	1	10554	115	43992	6650	313	0	0
D.G Khan	8591	797	9544	398	99699	2715	343	83	0
Layyah	3073	332	8366	20	96239	6500	361	0	42
Muzaffargarh	10175	77	7077	57	393884	6956	73	0	0
Rajanpur	5194	56	6465	193	125885	3743	0	0	9
Faisalabad	24494	48	18532	32	223381	10126	887	22	0
Jhang	5480	595	7121	973	146359	6111	747	3	3
Toba Tek Singh	7913	0	14775	0	94009	4250	117	0	0
Chiniot	2724	445	6591	369	131591	4683	0	0	1
Gujranwala	12570	0	8633	3	124852	6965	332	0	0

District	COC cycles	POP cycles	DMPA inj.	Net-En Inj.	Condom Pieces	IUCD -	Tubal Ligation	Vasectomy	Implants -
Gujrat	15332	487	10152	550	130574	3933	68	8	0
Narowal	11168	123	5673	198	92898	2752	19	0	96
Sialkot	21016	70	10409	84	303053	6769	280	2	0
Hafiz Abad	4042	579	2728	411	51894	2770	66	0	378
Mandi Bahauddin	9138	0	5762	0	83566	5989	34	0	0
Kasur	7476	1224	4949	331	54622	6012	1522	185	395
Lahore	17987	1486	12819	1015	353614	7586	1097	2	307
Okara	10674	1088	20110	2476	262519	12291	522	192	714
Sheikhupura	7964	352	6843	180	95856	6976	207	2	38
Nankana Sahib	3725	4	6761	55	27387	3166	29	1	50
Khanewal	7496	0	6497	109	73044	5288	18	1	1
Lodhran	5760	413	2496	268	101883	4644	73	0	47
Multan	33777	0	21982	0	272016	18327	385	20	6
Pakpattan	4495	225	8169	29	29866	6163	4	0	9
Sahiwal	5123	0	3622	0	247509	2168	143	0	0
Vehari	15886	219	9458	131	152380	8057	136	0	1
Attock	7949	91	6910	531	393334	5609	169	12	12
Chakwal	6771	0	8110	0	178127	2800	145	0	6
Jhelum	16708	0	13900	295	133199	4022	82	0	10
Rawalpindi	18954	591	15730	1816	367674	7569	583	27	46
Bhakkar	5956	334	7727	192	73721	4743	247	0	33
Khushab	957	312	1391	91	95974	5399	12	0	0
Mianwali	5959	23	6227	1360	106076	2108	34	0	124
Sargodha	24247	6	11437	5	134707	10902	20	0	0
<b>Total</b>	<b>370836</b>	<b>10375</b>	<b>331150</b>	<b>14380</b>	<b>5669831</b>	<b>223490</b>	<b>9451</b>	<b>574</b>	<b>2391</b>

## HUMAN RESOURCE

**Table No.: 7**

DISTRICT	Specialist		Surgeon		Doctors		Nurses		Assistant/Techs		Lady Health Visitors		Dispenser	
	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled
Bahawalnagar	110	41	35	30	528	320	399	226	203	126	255	213	51	32
Bahawalpur	190	105	50	42	1352	811	1239	823	271	188	255	220	254	203
Rahimyar Khan	52	28	25	22	320	236	199	150	111	80	95	84	202	185
D.G Khan	44	26	16	11	411	284	533	300	68	63	46	43	178	159
Layyah	135	48	39	31	377	283	350	316	139	97	70	60	139	108
Muzaffargarh	80	44	32	24	410	315	307	297	146	104	90	79	134	120
Rajanpur	66	30	22	21	298	222	225	147	76	72	56	54	175	157
Faisalabad	260	123	72	50	1882	1133	1918	1587	371	313	385	346	201	184
Jhang	88	41	39	31	372	295	329	297	121	109	140	133	459	443
Toba Tek Singh	72	50	26	21	403	341	307	301	113	93	173	170	144	134
Chiniot	19	2	9	7	125	76	37	25	57	45	108	78	154	146
Gujranwala	71	39	30	27	454	313	493	467	169	133	162	152	86	80
Gujrat	76	28	28	22	298	238	219	135	169	86	196	136	263	234
Narowal	54	31	25	22	322	224	283	278	109	56	146	126	162	140
Sialkot	75	53	26	24	363	318	256	247	148	103	220	203	153	132
Hafizabad	0	0	6	5	54	43	35	32	42	31	83	81	141	118
Mandi Bahauddin	18	5	11	8	126	63	80	75	81	45	83	63	105	98
Kasur	85	67	25	20	359	267	268	250	92	61	183	166	123	103
Lahore	510	317	91	60	3264	2239	4403	4159	619	522	151	146	457	430
Okara	108	48	35	19	485	317	397	358	150	109	247	223	168	143
Sheikhupura	116	91	33	31	472	381	557	485	143	90	220	165	222	198
Nankana Sahib	72	43	23	18	318	248	195	187	95	70	166	130	142	126
Khanewal	78	38	25	21	373	266	265	241	134	86	139	118	129	116
Lodhran	71	23	19	17	346	258	187	117	74	69	151	139	138	127
Multan	320	160	54	41	1610	799	1697	1441	339	206	212	171	191	162
Pakpattan	55	29	17	15	246	181	195	189	79	74	68	68	178	167
Sahiwal	47	31	23	21	264	209	290	271	167	121	141	131	128	123

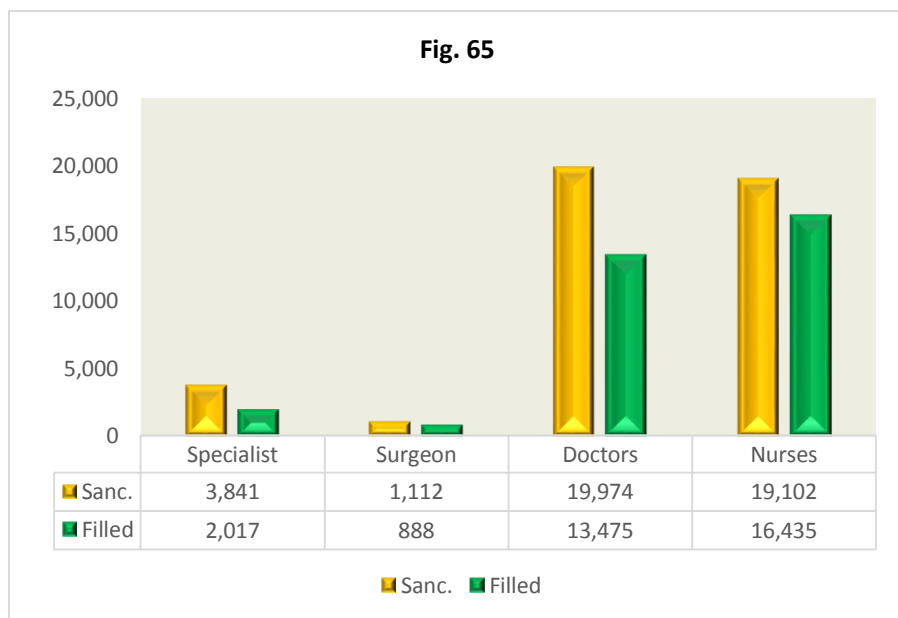
Vehari	76	39	30	25	379	325	304	292	141	111	123	121	176	167
Attock	120	56	30	27	472	325	366	347	120	73	129	112	181	176
Chakwal	106	46	30	28	377	278	236	209	160	107	154	132	116	102
Jhelum	73	35	21	19	341	229	229	206	84	48	134	113	137	132
Rawalpindi	225	138	45	38	861	551	959	835	331	179	195	135	250	211
Bhakkar	85	51	23	20	333	219	283	263	112	93	85	81	193	184
Khushab	89	30	27	19	418	265	254	193	90	51	125	95	144	133
Mianwali	79	37	30	23	388	242	306	249	100	67	106	94	130	114
Sargodha	116	44	40	28	573	361	502	440	210	168	173	151	167	148
<b>Total</b>	<b>3841</b>	<b>2017</b>	<b>1112</b>	<b>888</b>	<b>19974</b>	<b>13475</b>	<b>19102</b>	<b>16435</b>	<b>5634</b>	<b>4049</b>	<b>5465</b>	<b>4732</b>	<b>2141</b>	<b>1830</b>

DISTRICT	EPI Vaccinator		Sanitary inspectors		Midwives		LHWs		CDC Supervisor		Others	
	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled	Sanc.	Filled
Bahawalnagar	109	90	101	90	210	151	1168	1087	78	35	977	760
Bahawalpur	112	101	78	71	190	132	1389	1204	77	56	882	669
Rahimyar Khan	51	41	37	16	130	112	807	739	0	0	292	227
D.G Khan	30	24	25	20	86	70	395	394	25	19	109	103
Layyah	41	41	40	39	125	104	670	637	32	30	899	653
Muzaffargarh	81	62	70	67	241	205	1451	1335	0	0	481	373
Rajapur	39	39	28	27	66	60	511	509	31	30	524	408
Faisalabad	41	39	156	81	435	371	2203	2127	21	20	5980	4483
Jhang	47	44	41	40	136	124	727	676	38	33	750	543
Toba Tek Singh	70	65	57	25	121	116	966	939	63	37	238	225
Chiniot	38	37	34	28	66	42	508	317	30	25	254	106
Gujranwala	77	75	82	76	228	173	1138	1036	63	50	800	687
Gujrat	90	75	78	33	330	155	1822	1376	75	49	702	526
Narowal	62	57	57	54	115	68	1008	816	56	47	598	481
Sialkot	48	36	81	70	154	122	666	626	45	29	663	537
Hafizabad	35	30	28	23	69	62	277	267	30	21	158	138
Mandi Bahauddin	49	40	39	31	116	70	866	828	46	38	195	139
Kasur	62	48	49	31	163	143	793	638	52	34	296	237
Lahore	98	92	67	59	190	175	661	651	46	33	3663	3303
Okara	111	101	90	89	197	145	1254	1021	89	67	1137	888
Sheikhupura	88	69	75	61	136	113	816	771	75	44	439	361
Nankana Sahib	59	53	45	36	94	63	541	470	44	28	783	545
Khanewal	86	72	78	76	131	110	1027	972	81	64	620	526
Lodhran	52	48	46	41	105	100	890	883	50	43	542	492



Multan	94	87	86	76	254	232	1676	1631	73	59	6077	4538
Pakpattan	48	40	55	42	138	133	576	555	0	0	261	225
Sahiwal	79	73	76	66	216	114	209	200	69	60	1040	740
Vehari	65	58	58	51	117	111	858	831	60	49	469	389
Attock	60	48	63	36	94	52	986	692	59	40	515	403
Chakwal	70	60	32	13	125	92	614	570	59	40	262	234
Jhelum	50	42	53	49	128	114	736	638	43	37	526	426
Rawalpindi	110	80	80	27	182	136	1113	853	12	6	563	389
Bhakkar	44	42	50	50	127	113	134	126	37	34	790	672
Khushab	31	26	37	26	124	92	579	563	30	22	521	343
Mianwali	51	50	39	34	103	90	680	659	38	24	921	589
Sargodha	114	98	106	95	290	240	1463	1308	102	77	1626	1106
<b>Total</b>	<b>2392</b>	<b>2083</b>	<b>2217</b>	<b>1749</b>	<b>5732</b>	<b>4505</b>	<b>32178</b>	<b>28945</b>	<b>1729</b>	<b>1280</b>	<b>35553</b>	<b>27464</b>

**Fig. 65**



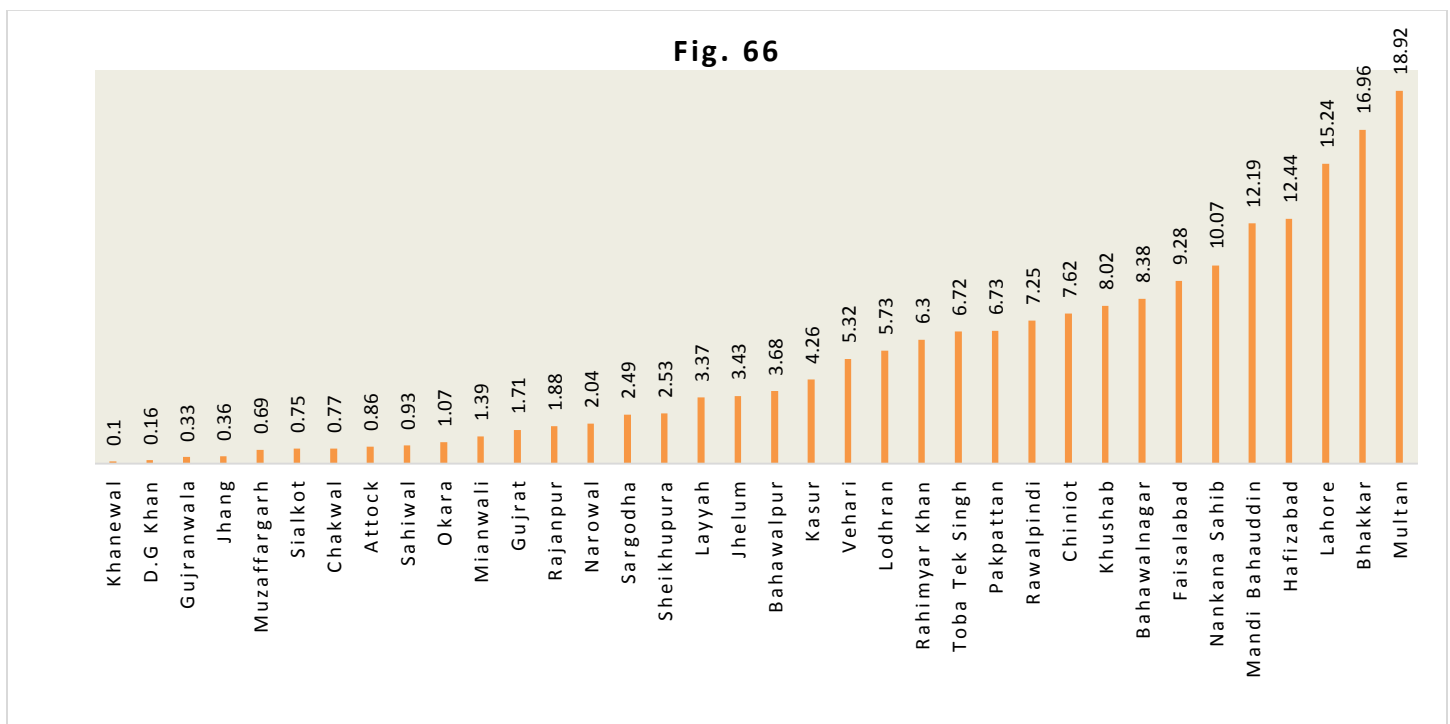
## Comparison of Sanctioned & Filled posts of Health Personnel

Fig. 65 described the comprehensive situation analysis of Specialists, Surgeons, Doctors and Nurses positions in district Punjab during the year 2020. It can be seen that, number of Filled positions of Specialist= 2,017 Surgeons= 888 Doctors = 13,475 and Nurses = 16,435 in Punjab of Year 2020.

This indicator measures the percentage of health facilities that experienced a stock-out of any tracer drug/medicine for any number of days at any time of the year. Ideally, there should not be any stock-out situation in the facilities. Occurrence of stock-out of any tracer drug for any number of days in a year will indicate that there is an interruption anywhere in the logistic system.

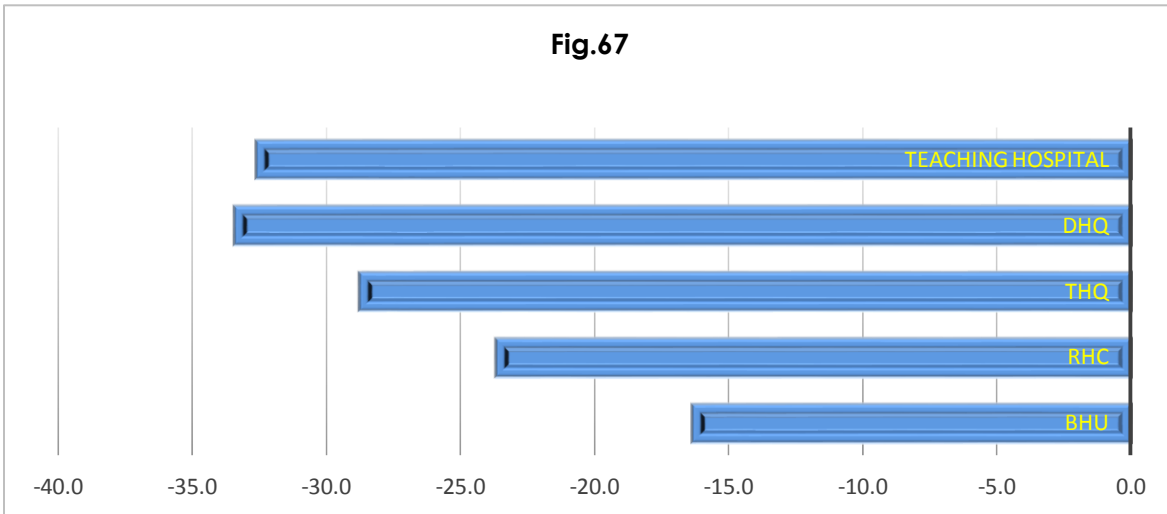
By analyzing this indicator, the district manager can identify whether breakdown in the logistic supply system in the district is a wide-spread phenomenon involving many health facilities or only occurring sporadically; whether such breakages are occurring regularly throughout the year or only occur occasionally. In this way, the probable site of fault in the supply line can be identified and appropriate measures can be taken to improve the situation.

It can be seen in (Fig. 66) that the percentage of out of stock medicines was highest in Multan (18.92%) and Bhakkar 16.96 %.



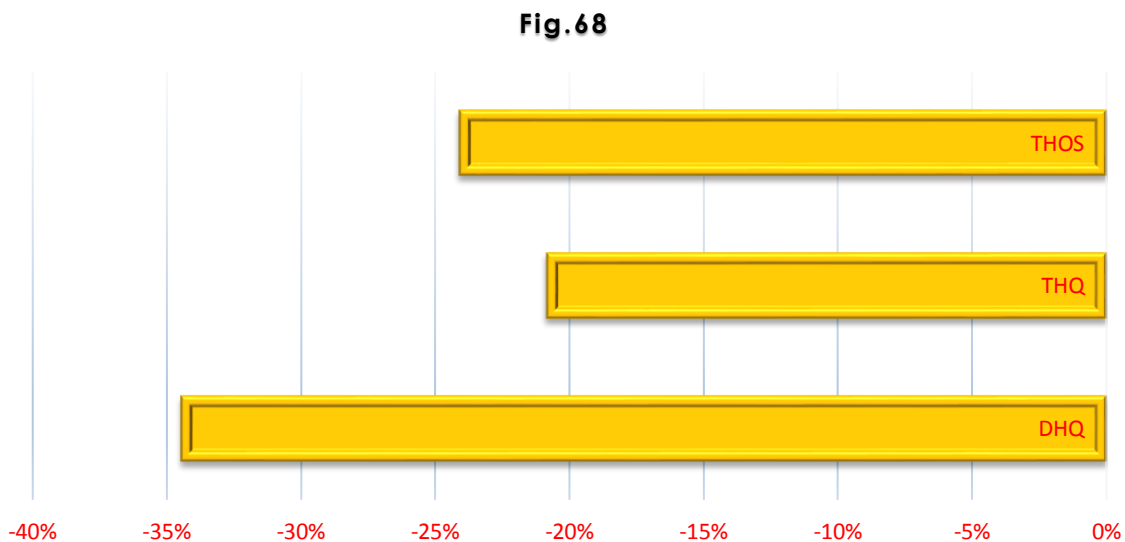
## Percentage Drops of Various Indicators 2019 to 2020

## Percentage of Facility Based Drop in OPD Visits (2019 to 2020)



The percentage of facility based change of OPD visits (new+ follow-up) overall decreasing w.r.t 2019 in all facility types due to the pandemic COVID-19 has shown in fig. 67. The highest percentage decrease was observed in DHQ in the year 2020, i.e. -33.4%.

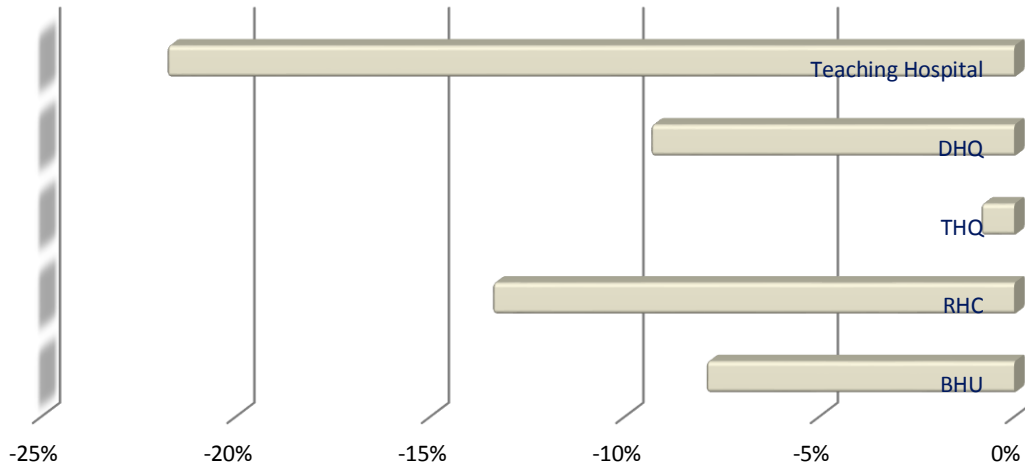
## Percentage Drop in Emergency/Casualty Cases 2019 to 2020



The percentage of facility based Emergency/Casualty cases decreased in all facility types due to COVID-19 can be visualized in fig. 68. The highest decrease observed in DHQ i.e. -34% as compare to THOS i.e. -24% & THQ i.e. -21% w.r.t 2019.

## Percentage Drop in Deliveries 2019 to 2020

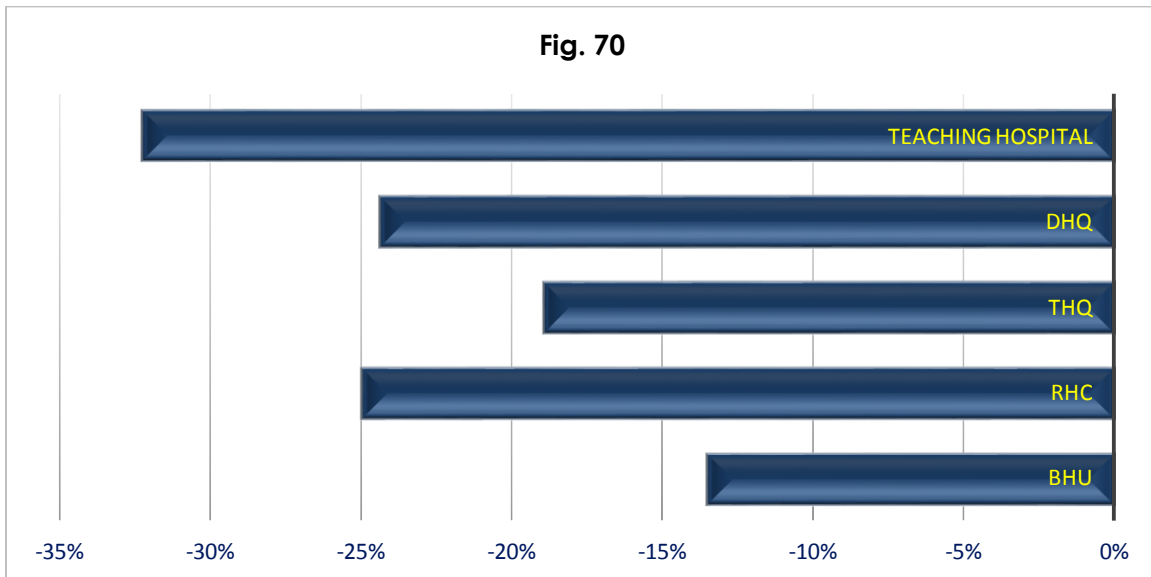
**Fig.69**



The percentage of facility based deliveries decreased in all facility types due to the pandemic has shown in fig. 69. The highest percentage decline observed in THOS -22% and lowest is THQ that was -1% w.r.t 2019.

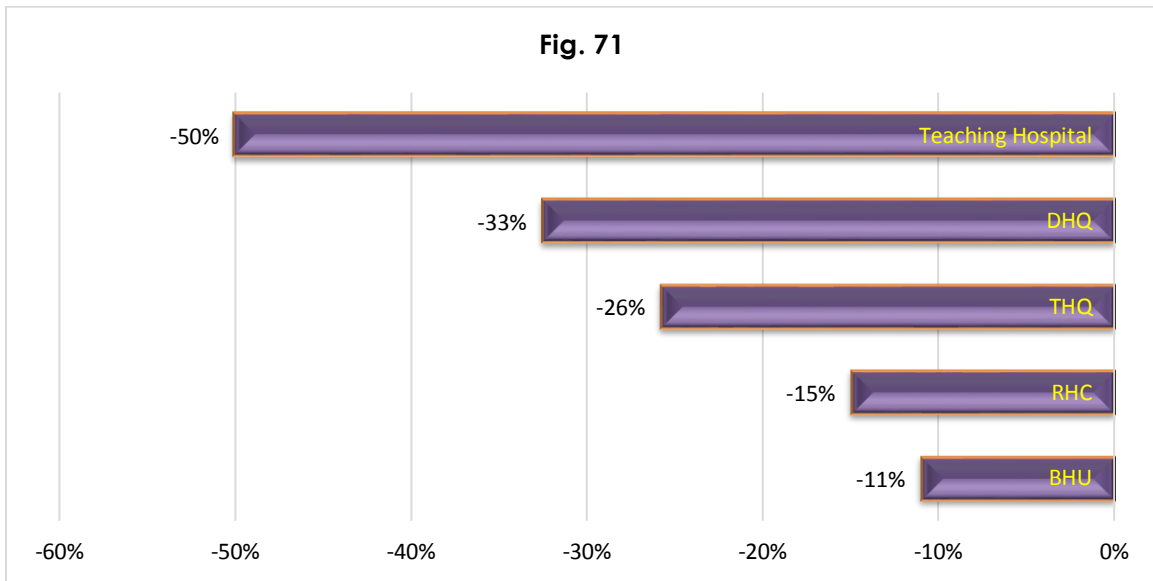
### Percentage Drop of Antenatal Care Coverage (ANC-1) 2019&2020

**Fig. 70**



The percentage of facility based change in Antenatal Care coverage (ANC-1) has shown in fig. 70. There can be observed the decrease occurred in percentage drop of ANC-1 2019&2020 in all facility types. The highest percentage decrease in THOS that was reported -32% following RHC -25% and BHU -14% w.r.t year 2019 because of the widespread of COVID-19 in 2020.

## Percentage Change in FP Visits 2019 to 2020



It may be observed from the fig. 71, the percentage of facility based Family Planning visits decreased in all facility types. The highest percentage decrement can be seen in Teaching Hospital as -50%, DHQ Hospital -33%, in THQ -26%, in RHC -15% and in BHU -11% w.r.t to previous year 2019.

## IMMUNIZATION COVERAGE

The source of data regarding immunization coverage is “monthly EPI report of Provincial EPI cell” of Directorate General Health services.

Immunization coverage estimates are used to monitor immunization services, to guide disease eradication and elimination efforts, and are a good indicator of health system performance.

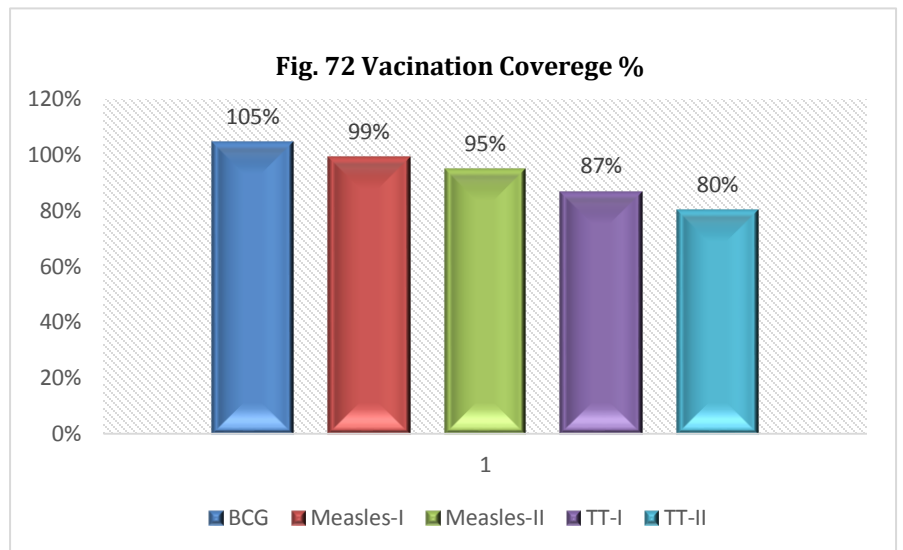
### District-Wise Monthly Immunization Coverage Year 2020

Table No.: 8

Sr.#	District	Pap.	LB3.1%	Target < 1 Year 94%	Target Preg. W (Annual) (1.02% of live birth)	BCG		Measles - I		Measles - II		TT-I		TT - II	
						#	%	#	%	#	%	#	%	#	%
1	Hafizabad	1218407	37771	35504	38526	40815	108%	35935	101%	34778	98%	35213	91%	33163	86%
2	Jhleum	1275101	39528	37156	40319	39287	99%	36386	98%	36007	97%	34699	86%	37929	94%
3	Khushab	1353336	41953	39436	42792	43290	103%	39641	101%	38572	98%	38223	89%	37641	88%
4	Nankanasahib	1413306	43812	41184	44689	45110	103%	40614	99%	39992	97%	42152	94%	40215	90%
5	Chiniot	1447602	44876	42183	45773	47144	105%	41496	98%	39629	94%	41399	90%	36347	79%
6	Chakwal	1574046	48795	45868	49771	51369	105%	45878	100%	44656	97%	50984	102%	49498	99%
7	Mianwali	1641693	50892	47839	51910	53887	106%	48201	101%	46800	98%	43914	85%	43617	84%
8	Mbdin	1672935	51861	48749	52898	51020	98%	47353	97%	46033	94%	49969	94%	48182	91%
9	Bhakkar	1772230	54939	51643	56038	55916	102%	51530	100%	50308	97%	54769	98%	52436	94%
10	Narowal	1792616	55571	52237	56683	55760	100%	51303	98%	49819	95%	43502	77%	41492	73%
11	Lodhran	1803120	55897	52543	57015	62264	111%	54606	104%	49908	95%	54265	95%	46507	82%
12	Pakpatten	1926786	59730	56147	60925	63511	106%	55816	99%	54612	97%	60237	99%	57807	95%
13	Layyah	1969676	61060	57396	62281	61238	100%	56369	98%	55264	96%	58379	94%	57157	92%
14	Attock	2002963	62092	58366	63334	62705	101%	57232	98%	56487	97%	62260	98%	61282	97%
15	Rajapur	2191217	67928	63852	69286	75774	112%	64601	101%	61286	96%	64515	93%	54685	79%
16	Tsingh	2296148	71181	66910	72604	78125	110%	65388	98%	61952	93%	65877	91%	60642	84%
17	Sahiwal	2627338	81447	76561	83076	82470	101%	76944	101%	75735	99%	83147	100%	80816	97%
18	Jhang	2886574	89484	84115	91273	92609	103%	89058	106%	83890	100%	74273	81%	64332	70%
19	Gujrat	2887972	89527	84155	91318	89350	100%	84384	100%	82444	98%	68703	75%	62693	69%
20	Vehari	3050440	94564	88890	96455	103188	109%	88825	100%	86095	97%	96760	100%	89836	93%
21	Khanewal	3085357	95646	89907	97559	95939	100%	88159	98%	85562	95%	94241	97%	86367	89%
22	Dgkhan	3136704	97238	91404	99183	99646	102%	86617	95%	78719	86%	68787	69%	55206	56%
23	Bahwnagar	3160715	97982	92103	99942	102283	104%	88044	96%	83580	91%	81251	81%	71348	71%
24	Okara	3228005	100068	94064	102070	111262	111%	95260	101%	92042	98%	96518	95%	91863	90%
25	Kasur	3669705	113761	106935	116036	110642	97%	99718	93%	93977	88%	106460	92%	98877	85%
26	Sheikhupura	3685205	114241	107387	116526	127375	111%	113820	106%	110665	103%	113555	97%	109100	94%
27	Sargodha	3900299	120909	113655	123327	122212	101%	112536	99%	108652	96%	109797	89%	103268	84%
28	Bahawalpur	3913268	121311	114033	123738	130702	108%	110278	97%	104334	91%	105595	85%	90500	73%
29	Sialkot	4118642	127678	120017	130231	126205	99%	117555	98%	115188	96%	93450	72%	89899	69%
30	Muzfargarh	4672063	144834	136144	147731	145301	100%	137973	101%	135030	99%	142989	97%	139208	94%
31	Multan	5069688	157160	147731	160304	165480	105%	144523	98%	142039	96%	152642	95%	146435	91%
32	Rykan	5149338	159629	150052	162822	178675	112%	152959	102%	143943	96%	143355	88%	126112	77%
33	Gujranwala	5330501	165246	155331	168550	167515	101%	152954	98%	143996	93%	141019	84%	129756	77%
34	Rawalpindi	5824684	180565	169731	184176	202009	112%	169201	100%	162238	96%	141142	77%	121946	66%
35	Faisalabad	8348486	258803	243275	263979	266686	103%	237089	97%	226918	93%	246757	93%	222077	84%
36	Lahore	12048216	373495	351085	380965	392075	105%	346985	99%	321994	92%	261270	69%	236634	62%
	<b>Punjab</b>	117144379	3631476	3413587	3704105	3798839	105%	3385231	99%	3243144	95%	3222068	87%	2974873	80%

## Vaccination Coverage Percentage of Year 2020

Fig. 72 displayed the overall percentage of vaccination coverage in Punjab of year 2020. It has calculated as the total no. of vaccination coverage by facility type wise divided by the Live Birth (3.1%).



## ANNEXED

### Detail of Health Facilities of Punjab

The data in Table 8, 9 and 10 provides a detail of Health Facilities in THQ, DHQ & THOS of Punjab.

**Table 9**  
**List of THQs/Civil Hospitals in Punjab**

S.No.	Facility Name	S.No.	Facility Name
<b>District: 111 – Bahawalnagar</b>		<b>66</b>	THQ MSSH Indus Bedian
<b>1</b>	THQ, HOSPITAL, HAROON ABAD.	<b>67</b>	THQ Indus Sabzazar
<b>2</b>	THQ HOSPITAL, CHISHTIAN.	<b>68</b>	Govt. Hospital Shahdra
<b>3</b>	THQ HOSPITAL, FORT ABBAS.	<b>69</b>	Eye and Gyne Hospital Swami Nagar
<b>4</b>	THQ HOSPITAL, MINCHINABAD.	<b>70</b>	THQ Indus Hospital Manawan
<b>District: 112 – Bahawalpur</b>		<b>71</b>	THQ Qila Gujjar Singh Hospital
<b>5</b>	THQ HOSPITAL, AHMADPUR EAST.	<b>72</b>	THQ Kahna Nau
<b>6</b>	THQ HOSPITAL, HASILPUR.	<b>District: 153 – Okara</b>	
<b>7</b>	THQ KHAIR PUR TAMEWALI	<b>73</b>	THQ HOSPITAL DEPALPUR
<b>8</b>	THQ YAZMAN	<b>74</b>	THQ HOSPITAL HAVALI LAKHA
<b>District: 113 – Rahimyar Khan</b>		<b>District: 154 – Sheikhpura</b>	
<b>9</b>	THQ HOSPITAL LIAQUATPUR	<b>75</b>	THQ Hospital Ferozewala
<b>10</b>	THQ HOSPITAL SADIQABAD	<b>76</b>	THQ Hospital SharaqPur Sharif
<b>11</b>	THQ HOSPITAL KHANPUR	<b>77</b>	THQ HOSPITAL MURIDKE
<b>District: 121 – D.G Khan</b>		<b>78</b>	THQ Hospital Safdarabad
<b>12</b>	THQ HOSPITAL TAUNS	<b>District: 155 – Nankana Sahib</b>	
<b>13</b>	Tehsil Headquarter Hospital, Kot Chutta	<b>79</b>	THQ HOSPITAL SHAHKOT
<b>14</b>	CIVIL HOSPITAL FORT MUNROO	<b>80</b>	THQ HOSPITAL SANGLA HILL
<b>15</b>	CIVIL HOSPITAL SAKHI SARWAR	<b>81</b>	Civil Hospital Sangla Hill
<b>District: 122 – Layyah</b>		<b>District: 161 – Khanewal</b>	
<b>16</b>	THQ Thal (Mian Nawaz Shareef )Hospital Layyah	<b>82</b>	THQ HOSPITAL JAHANIAN
<b>17</b>	THQ Hospital Karor	<b>83</b>	THQ HOSPITAL KABIR WALA
<b>18</b>	THQ Hospital Choubara	<b>84</b>	THQ HOSPITAL MIAN CHANNU
<b>19</b>	THQ Level Hospital Chowk Azam	<b>District: 162 – Lodhran</b>	
<b>20</b>	THQ Level Hospital Kot Sultan	<b>85</b>	THQ HOSPITAL KEHROR PACCA
<b>21</b>	THQ Level Hospital Fateh Pur	<b>86</b>	THQ Hospital Dunya pur
<b>District: 123 – Muzaffargarh</b>		<b>District: 163 – Multan</b>	
<b>22</b>	THQ Hospital Alipur	<b>87</b>	GOVT. MUSHTAQ LANG THQ HOSP. JALALPUR PIRWALA
<b>23</b>	THQ Jatoi	<b>88</b>	GOVT. THQ HOSPITAL SHUJABAD
<b>24</b>	THQ Hospital Kot Adu	<b>District: 164 – Pakpattan</b>	
<b>25</b>	THQ Chowk Sarawar Shaheed	<b>89</b>	THQ HOSPITAL, ARIFWALA ARIFWALA
<b>District: 124 – Rajanpur</b>		<b>District: 165 – Sahiwal</b>	
<b>26</b>	THQ HOSPITAL ROJHAN	<b>90</b>	THQ HOSPITAL CHICHAWATNI
<b>27</b>	THQ HOSPITAL JAMPUR	<b>District: 166 – Vehari</b>	
<b>28</b>	Civil Hospital Shah WALI	<b>91</b>	THQ. MAILSI
<b>District: 131 – Faisalabad</b>		<b>92</b>	THQ BUREWALA
<b>29</b>	THQ HOSPITAL CHAK JHUMRA	<b>District: 171 – Attock</b>	



30	THQ HOSPITAL JARANWALA	93	THQ Hospital Fateh Jang
31	THQ HOSPITAL TANDILIANWALA	94	THQ Hassan Abdal
32	THQ HOSPITAL SUMUNDRI	95	THQ Hospital Hazro
33	Govt. General Hospital 224/RB	96	THQ Hospital Jand
34	Govt. General Hospital Samanabad	97	THQ Hospital Pindi Gheb
District: 132 – Jhang		District: 172 – Chakwal	
35	THQ Hospital Shorkot	98	THQ CHOA SAIDEN SHAH
36	THQ Ahmed pur Sial	99	City Hospital Talagang
37	THQ Hospital 18-Hazari	100	THQ TALAGANG
District: 133 – Toba Tek Singh		101	TRAUMA CENTRE THQ HOSPITAL KALLAR KAHAR
38	GOVT.EYE-CUM-GENERAL HOSPITAL GOJRA	District: 173 – Jhelum	
39	THQ HOSPITAL KAMALIA	102	THQ Hospital PD Khan
District: 134 – Chiniot		103	THQ Hospital Sohawa
40	THQ Lalian	District: 174 – Rawalpindi	
41	THQ Bhowana	104	THQ HOSP: GUJAR KHAN
District: 141 – Gujranwala		105	THQ HOSP KAHUTA
42	THQ Hospital Wazirabad	106	THQ Kotli Sattian
43	THQ Hospital Kamoke	107	THQ HOSP: MURREE
44	THQ Hospital Noshehra Vikran	108	Wah General Hospital Taxila
District: 142 – Gujrat		109	THQ HOSPITAL TAXILA
45	Tehsil Level HOSPITAL LALA MUSA	110	THQ Hospital Kallar Syedan
46	THQ HOSPITAL KHARIAN	District: 181 – Bhakkar	
47	40-Bedded Civil Hospital Dinga	111	THQ Hospital Kalurkot
48	THQ Hospital Sarai Alamgir	112	THQ Hospital Mankera
49	TEHSIL LEVEL HOSPITAL KUNJAH	113	THQ Hospital, Daryakhan
50	TRAUMA CENTER, LALAMUSA	District: 182 – Khushab	
51	CIVIL HOSPITAL JALALPUR JATTAN	114	THQ HOSPITAL KHUSHAB KHUSHAB
52	CIVIL HOSPITAL, KOTLA ARAB ALI KHAN	115	THQ HOSPITAL NOOR PUR THAL
District: 143 – Narowal		116	THQ HOSPITAL QAIDABAD
53	THQ Shakargarh	117	THQ HOSPITAL NAUSHERA
District: 144 – Sialkot		District: 183 – Mianwali	
54	CIVIL HOSPITAL DASKA	118	THQ HOSPITAL ISA KHEL
55	THQ HOSPITAL PASRUR	119	THQ HOSPITAL PIPLAN
56	THQ KOTLI LOHARAN	120	THQ LEVEL HOSPITAL KALABAGH
57	THQ SAMBRIAL	District: 184 – Sargodha	
District: 145 – Hafizabad		121	THQ HOSPITAL BHALWAL
58	THQ Pindi Bhattian	122	THQ KOT MOMIN
District: 146 – Mandi Bahauddin		123	THQ SAHIWAL
59	THQ Hospital Malakwal	124	THQ SILLANWALI
60	THQ Hospital, Phalia	125	THQ CHAK NO. 46/SB
District: 151 – Kasur		126	THQ HOSPITAL CHAK NO. 90/SB
61	THQ, HOSPITAL CHUNIAN	127	THQ BHAGTANWALA
62	Govt. Aziz Bibi THQ Hospital, Roshan Bheela, Tehsil Kasur	128	GOVT. TB HOSPITAL SARGODHA
63	THQ HOSPITAL, KOT RADHA KISHAN	129	THQ HOSPITAL SHAHPUR
64	THQ HOSPITAL PATTOKI	130	THQ BHERA
District: 152 – Lahore			
65	Raiwind		

## List of DHQs Hospitals in Punjab

**Table 10**

Sr.no.	Facility Name	Sr.no.	Facility Name	Sr.no.	Facility Name
1	DHQ:Hospital, Bahawal Nagar.	10	DHQ Hospital, M.B.Din	19	DHQ Hospital Pakpattan
2	DHQ HOSPITAL LAYYAH	11	DHQ Hospital Kasur	20	D.H.Q Hospital Vehari
3	DHQ Hospital Muzaffargarh	12	DHQ Hospital Okara	21	Isfandyar Bukahri Hospital Attock
4	DHQ HOSPITAL RAJANPUR	13	DHQ Hospital (South City) Okara	22	DHQ Chakwal
5	DHQ Hospital, Jhang	14	DHQ Hopital Sheikhpura	23	DHQ Hospital Jhelum
6	DHQ HOSPITAL TOBA TEK SINGH	15	DHQ Hospital Nankana Sahib	24	DHQ Hospital Bhakkar, Bhakkar
7	DHQ Hospital Chiniot	16	DHQ Hospital Khanewal	25	DHQ Khushab At Jahurabad
8	DHQ Narowal	17	DHQ Hospital Lodhran	26	DHQ HOSPITAL MIANWALI
9	DHQ Hospital Hafizabad	18	Govt.Shahbaz Sharif DHQ Hospital Multan		

## List of Teaching/Specialized Institutions in Punjab

**Table 11**

S.No.	Facility Name	S.No.	Facility Name
1	B.V. HOSPITAL BAHAWALPUR	24	Mayo Hospital
2	CIVIL HOSPITAL BAHAWALPUR	25	Service Hospital
3	Teaching Hospital Sheikh Zayed RYK	26	Jinnah Hospital
4	TEACHING HOSPITAL D.G. KHAN	27	Punjab Institute of Cardiology Hospital
5	Faisalabad Institute of Cardiology Faisalabad	28	Govt Teaching Hospital Shahdra
6	DISTRICT HEAD QUARTER HOSPITAL FAISALABAD	29	Govt Nawaz Sharif Hospital Yakki Gate
7	Children Hospital Faisalabad	30	Shaikh Zayed Hospital
8	Govt. General Hospital G.M Abad	31	Children Hospital
9	Allied Hospital Faisalabad	32	CH. PERVAIZ ILLAHI INSTITUTE OF CARDIOLOGY
10	DHQ/Teaching Hospital Gujranwala	33	Children Hospital Complex Multan
11	AZIZ BHATTI SHAHEED (DHQ) HOSPITAL, GUJRAT	34	NISHTER INSTITUTE OF DENTISTRY
12	ALLAMA IQBAL MEM. HOSP. SIALKOT	35	Pak Italian Modern Burn Centre, Nishtar Medical University Multan
13	GOVT SARDAR BEGUM HOSPITAL SIALKOT	36	NISHTER HOSPITAL MULTAN
14	Institute of Mental Health	37	DHQ TEACHING HOSPITAL SAHIWAL
15	Punjab Dental Hospital Lahore	38	GOVT. HAJI ABDUL QAYYUM TEACHING HOSPITAL SAHIWAL
16	Govt. Mian Munshi Hospital	39	MINI HOSPITAL GHALLA MANDI SAHIWAL
17	Govt. Mozang Hospital	40	Syed Muhammad Hussain Govt. T.B Sanatorium Samli
18	Siad Mitha Hospital Lahore	41	Holy Family Hospital Rawalpindi
19	Govt. Kot Khawaja Saeed Hospital	42	Benazir Bhutto Hospital
20	Lady Aitchison Hospital Lahore	43	DHQ Hospital Rawalpindi
21	LADY WALLINGDON HOSPITAL, LAHORE	44	Rawalpindi Institute of Cardiology, Rawalpindi
22	Sir Ganga Ram Hospital Lahore	45	DHQ TEACHING HOSPITAL SARGODHA
23	General Hospital Lahore		

# Primary Health Care

## Annexure-A

Month: \_\_\_\_\_, Year: 20\_\_  
 Total Working Days: \_\_\_\_\_

DHIS – 21 (MR)  
**PHC Facility Monthly Report**  
**District**

Date of Submission  
 \_\_\_\_\_

Page 1

Section I: Identification						
1.	Facility ID					4. Signature of Facility In-charge:
2.	Facility Name					5. Designation:
3.	Tehsil					

Section II: Monthly Performance (Number or % as appropriate)		Monthly Target	Performance
1.	Daily OPD attendance		
2.	Full immunization coverage		
3.	Antenatal Care (ANC-1) coverage		
4.	Monthly report data accuracy		
5.	Delivery coverage at facility		
6.	TB-DOTS patients missing more than one week		
7.	Total Visits for FP		
8.	LHW pregnancy registration coverage		

Section III: Outpatients Attendance (From OPD Register)			<1yrs	1-4yrs	5 - 14	15 - 49	50 +	Total
1.	Male (New Cases)							
2.	Female (New Cases)							
<b>Grand Total</b>								
3.	Follow-up cases.		4.	Referred cases attended				
5.	Total Homoeo cases		6.	Total Tibb/Unani cases	7.	No. of cases of Malnutrition < 5 yrs children		

Section IV: Cases attending OPD (From OPD Abstract Form)		
<b>Respiratory Diseases</b>		
1	Acute (upper) respiratory infections	
2	Pneumonia < 5 yrs.	
3	Pneumonia > 5 yrs.	
4	TB Suspects	
5	Chronic Obstructive Pulmonary Diseases	
6	Asthma	
<b>Gastro Intestinal Diseases</b>		
7	Diarrhoea / Dysentery < 5 yrs	
8	Diarrhoea / Dysentery > 5 yrs	
9	Enteric /Typhoid Fever	
10	Worm Infestations	
11	Peptic Ulcer Diseases	
12	Cirrhosis of Liver	
<b>Urinary Tract Diseases</b>		
13	Urinary Tract Infections	
14	Nephritis/ Nephrosis	
15	Sexually Transmitted Infections	
16	Benign Enlargement of Prostrate	
<b>Other Communicable Diseases</b>		
17	Suspected Malaria	
18	Suspected Meningitis	
19	Fever due to other causes	
<b>Vaccine Preventable Diseases</b>		
20	Suspected Measles	
21	Suspected Viral Hepatitis	
22	Suspected Neo Natal Tetanus	
<b>Cardiovascular Diseases</b>		
23	Ischemic heart disease	

24	Hypertension	
<b>Skin Diseases</b>		
25	Scabies	
26	Dermatitis	
27	Cutaneous Leishmaniasis	
<b>Endocrine Diseases</b>		
28	Diabetes Mellitus	
<b>Neuro-Psychiatric Diseases</b>		
29	Depression	
30	Drug Dependence	
31	Epilepsy	
<b>Eye &amp; ENT</b>		
32	Cataract	
33	Trachoma	
34	Glaucoma	
35	Otitis Media	
<b>Oral Diseases</b>		
36	Dental Caries	
<b>Injuries /Poisoning</b>		
37	Road traffic accidents	
38	Fractures	
39	Burns	
40	Dog bite	
41	Snake bite (with signs/ symptoms of poisoning)	
<b>Miscellaneous Diseases</b>		
42	Acute Flaccid Paralysis	
43	Suspected HIV/AIDS	
<b>Any Other Unusual Diseases (Specify)</b>		
44		
45		

Section V- Immunization (From EPI Register)			
1.	Children <12 months received 3 <sup>rd</sup> Pentavalent vacc.	3.	Children <12 months fully immunized
2.	Children <12 months rcvd. 1 <sup>st</sup> Measles vaccine	4.	Pregnant women received TT -2 vaccine

Section VI: TB-DOTS (From TB Card TB-01)			
1.	Intensive-phase TB-DOTS patients	2.	Intensive phase TB-DOTS patients missing treatment >1 week

Section VII: Family Planning Services/Commodities provided (From FP Register)			
1.	Total FP visits	4.	DMPA Inj.
2.	COC cycles	5.	Net-En Inj.
3.	POP cycles	6.	Condom Pieces
7.	IUCD	8.	Tubal Ligation
9.	Vasectomy	10.	Implants

Section VIII: Maternal and Newborn Health (From Maternal Health & Obstetric Registers)			
1.	1 <sup>st</sup> Antenatal Care visits (ANC-1) in the facility	6.	Vacuum / Forceps deliveries in facility
2.	ANC-1 women with Hb. <10 g/dl	7.	Live births in the facility
3.	Antenatal Care revisit in the facility	8.	Live births with LBW( <2.5kg)
4.	1 <sup>st</sup> Postnatal Care visit (PNC-1) in the facility	9.	Stillbirths in the facility
5.	Normal vaginal deliveries in facility	10.	Neonatal deaths in the facility

Section IX: Community Based Data (From LHW Report)			
1.	Pregnant women newly registered by LHW	4.	Infant deaths reported
2.	Delivery by skilled persons reported	5.	No. of modern FP method users
3.	Maternal deaths reported	6.	<5 year diarrhea cases reported
		7.	< 5 year ARI cases reported

Section X: Community Meetings (From Community Meeting Register)			
1.	No. of community meetings	2.	No. of Participant
			Male
			Female

Section XI: Diagnostic Services (From Laboratory Register / TB Lab Register/ Radiology Register) (For RHC ONLY)							
	Services Provided	OPD	Indoor		Services Provided	OPD	Indoor
1.	Total Lab Investigations			3.	Total Ultra Sonographies		
2.	Total X-Rays			4.	Total ECGs		
Laboratory Investigation for Communicable Diseases							
Malaria			T.B			Viral Hepatitis	
1.	Slides examined		1.	Slides for AFB Diagnosis		1.	Patients screened
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve		2.	Hepatitis B +ve
3.	Slides P. falciparum +ve		3.	Follow-up slides for AFB		3.	Hepatitis C +ve
			4.	Follow-up slides with AFB +ve			

<b>Section XII-A: Stock out Report: Stock out of tracer drugs for any number of days this month</b> (From Stock Register for Medicine/ Supplies) Tick where applicable										
1.	Cap. Amoxicillin		7.	Inj. Ampicillin		13.	Syp. Anthelmintic			
2.	Syp. Amoxicillin		8.	Tab. Diclofenac		14.	I/V infusions			
3.	Tab. Cotrimoxazole		9.	Syp. Paracetamol		15.	Inj. Dexamethasone			
4.	Syp. Cotrimoxazole		10.	Inj. Diclofenac		16.	Tab. Iron/ Folic Acid			
5.	Tab. Metronidazole		11.	Tab. Chloroquin		17.	ORS			
6.	Syp. Metronidazole		12.	Syp. Salbutamol		18.	Oral pills (COC)			
<b>Section XII-B: Stock out Report: Vaccines (Tick where applicable)</b>										
1.	BCG vaccine		4.	Hepatitis-B vaccine		7.	Anti Rabies Vaccine			
2.	Pentavalent vaccine		5.	Measles vaccine		8.	Anti Snake Venom			
3.	Polio vaccine		6.	Tetanus Toxioid		9.	Vaccine Syringes			

<b>Section XIII-A: Indoor Services (From Daily Bed Statement Register)</b>										
<i>(For RHC ONLY)</i>										
	Allocated Beds	Admissions	Discharged/ DOR (not on the same day of admission)	Discharged/ DOR on same day of admission	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy	Average Length of Stay (ALS)
1.	Male								%	
2.	Female								%	

<b>Section XIII-B: Cases Attending Indoor</b> (From Indoor Register / Obstetric Register) (For RHC ONLY)			Total Number of Admissions	Total Number of Deaths
1.	Diarrhea/Dysentery in < 5 yrs.			
2.	Pneumonia in <5 yrs.			
3.	Malaria			
4.	Pulmonary Tuberculosis			
5.	Obstetric / Maternal Complication			
6.	Other causes			
		<b>Total</b>		

<b>Section XIV: Surgeries (From OT Register)</b>				<i>(For RHC ONLY)</i>	
1.	Operations under GA		3.	Operations under LA	
2.	Operations under Spinal Anesthesia		4.	Operations under other type of Anesthesia	

Section XV: Human Resource Data (From Facility Records)						
Post Name/Category		Sanctioned	Vacant	Contract	On General duty in Facility	On General duty out of Facility
1	Senior Medical Officer					
2	Medical Officer					
3	Women/ Lady Medical Officer					
4	Dental Surgeon					
5	Head Nurse					
6	Staff Nurse/Charge Nurse					
7	Medical Assistant					
8	Sanitary Inspector					
9	Lab Assistants					
10	Dental Assistant					
11	X-Ray Assistant					
12	Lady Health Visitor					
13	Health Technician / Medical Technician					
14	Dispenser					
15	EPI Vaccinator					
16	CDC Supervisor					
17	Midwife					
18	LHW					
19	Others					

Section XVI-A: Revenue Generated (From Receipt Register)						Total Receipt	Deposited
		Total Receipt	Deposited	5.	X-Ray	Rs.	
1.	OPD	Rs.		6.	Ultrasound	Rs.	
2.	Indoor	Rs.		7.	Dental Procedures	Rs.	
3.	Laboratory	Rs.		8.	Ambulance	Rs.	
4.	ECG	Rs.		9.	Others	Rs.	

Section XVI-B: Financial Report-for the Current Fiscal Year (From Budget and Expenditure Statement) (For RHC ONLY)					
		Total Allocation for the fiscal year	Total Budget Released to-date	Total Expenditure to-date	Balance to date
1.	Salary & Allowances (Establishment charges)	Rs.	Rs.	Rs.	Rs.
2.	Non-Salary (Operating Expenses)	Rs.	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.	Rs.
8.	Others	Rs.	Rs.	Rs.	Rs.
9.	Annual Development Plan	Rs.	Rs.	Rs.	Rs.

Section XVII – Achievements/ Issues	

# Secondary Health Care

## Annexure-B

Month: _____, Year: 20__	DHIS – 22 (MR) <b>Secondary Hospital Monthly Report</b>	Page 1
Total Working Days: _____	<i>Tehsil</i> _____ <i>District</i> _____	Date of Submission <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Section I: Identification			
1.	Facility ID		3. Signature of Facility In-charge:
2.	Facility Name		4. Designation:

Section II: Monthly Performance (Number or % as appropriate)		Monthly Target	Performance	Monthly Target	Performance
1.	Daily OPD attendance			8.	C-Section performed
2.	Fully immunization coverage			9.	Lab services utilization
3.	Antenatal Care (ANC-1) coverage			10.	Bed occupancy rate
4.	Delivery coverage at facility			11.	LAMA
5.	TB-DOTS patients missing more than 1 wk			12.	Hospital death rate
6.	Total Visits for FP			13.	Monthly report data accuracy
7.	Obstetric complications attended				

Section III: Outpatients Attendance (From OPD Register)														
Specialty	New cases										Total	Follow-up	No. of cases of Malnutrition (<5)	Referred Attended
	MALE					FEMALE								
	<1yr	1-4	5-14	15-49	50+	<1yr	1-4	5-14	15-49	50+				
1.	General OPD													
2.	Medicine													
3.	Surgery													
4.	Pediatrics													
5.	Eye													
6.	ENT													
7.	Orthopedics													
8.	Psychiatry													
9.	Dental													
10.	Skin													
11.	OB/GYN													
12.	Emergency/ Casualty													
13.	Homoeo Cases													
14.	Tibb/Unani Shifa Khana OPD cases													
15.	Cardiology													
16.	Others													
<b>Grand Total</b>														

Section IV: Cases attending OPD (From OPD Abstract Form)	
Respiratory Diseases	
1	Acute (upper) respiratory infections
2	Pneumonia < 5 yrs.
3	Pneumonia > 5 yrs.
4	TB suspects
5	Chronic Obstructive Pulmonary Diseases
6	Asthma
Gastro Intestinal Diseases	
7	Diarrhoea / Dysentery < 5 yrs
8	Diarrhoea / Dysentery > 5 yrs
9	Enteric / Typhoid Fever
10	Worm Infestations
11	Peptic Ulcer Diseases
12	Cirrhosis of Liver
Urinary Tract Diseases	
13	Urinary Tract Infections
14	Nephritis/ Nephrosis
15	Sexually Transmitted Infections
16	Benign Enlargement of Prostate

Other Communicable Diseases	
17	Suspected Malaria
18	Suspected Meningitis
19	Fever due to other causes
Vaccine Preventable Diseases	
20	Suspected Measles
21	Suspected Viral Hepatitis
22	Suspected Neonatal Tetanus
Cardiovascular Diseases	
23	Ischemic Heart Disease
24	Hypertension
Skin Diseases	
25	Scabies
26	Dermatitis
27	Cutaneous Leishmaniasis
Endocrine Diseases	
28	Diabetes Mellitus
Neuro-Psychiatric Diseases	
29	Depression
30	Drug Dependence

31	Epilepsy	
<b>Eye &amp; ENT</b>		
32	Cataract	
33	Trachoma	
34	Glaucoma	
35	Otitis Media	
<b>Oral Diseases</b>		
36	Dental Caries	
<b>Injuries /Poisoning</b>		
37	Road Traffic Accidents	

38	Fractures	
39	Burns	
40	Dog bite	
41	Snake bite (with signs/ symptoms of poisoning)	
<b>Diseases (Surveillance Importance)</b>		
42	Acute Flaccid Paralysis	
43	Suspected HIV/ AIDS	
<b>Any Other Unusual Diseases (Specify)</b>		
44.		
45.		

<b>Section V- Immunization ( From EPI Register)</b>			
1.	Children <12 months received 3 <sup>rd</sup> Pentavalent vacc.	3.	Children <12 months fully immunized
2.	Children <12 months rcvd. 1 <sup>st</sup> Measles vaccine	4.	Pregnant women received TT -2 vaccine

<b>Section VI: TB-DOTS (From TB Card TB-01)</b>			
1.	Intensive-phase TB-DOTS patients	2.	Intensive phase TB-DOTS patients missing treatment >1 week

<b>Section VII: Family Planning Services/Commodities provided (From FP Register)</b>					
1.	Total FP visits	4.	DMPA Inj.	7.	IUD
2.	COC cycles	5.	Net-En Inj.	8.	Tubal Ligation
3.	POP cycles	6.	Condom Pieces	9.	Vasectomy
				10.	Implants

<b>Section VIII: Maternal and Newborn Health (From Maternal Health &amp; Obstetric Registers)</b>					
1..	1 <sup>st</sup> Antenatal Care visits (ANC-1)	9.	Live births with LBW < 2.5kg		
2.	ANC-1 women with Hb. <10 g/dl	10.	Stillbirths in the facility		
3.	Antenatal Care revisit, in the facility	<b>Neonatal deaths in the facility</b>			
4.	1 <sup>st</sup> Postnatal Care visit(PNC-1) in the facility	11.	Birth Trauma		
<b>Deliveries in the facility</b>			12.	Birth Asphyxia	
5.	Normal vaginal deliveries	13.	Bacterial sepsis		
6.	Vacuum / Forceps deliveries	14.	Congenital Abnormalities		
7.	Cesarean Sections	15.	Prematurity		
8.	Live births in the facility	16.	Hypothermia		

<b>Section IX: Community Based Data (From LHW Report)</b>			
1.	Pregnant women newly registered by LHW	4.	Infant deaths reported
2.	Delivery by skilled persons reported	5.	No. of modern FP method users
3.	Maternal deaths reported	6.	<5 year diarrhea cases reported
		7.	< 5 year ARI cases reported

<b>Section X: Community Meetings (From Community Meeting Register)</b>					
1.	No. of community meetings	2.	No. of Participant	Male	
				Female	

<b>Section XI: Diagnostic Services ( From Laboratory Register / TB Lab Register/ Radiology Register)</b>							
	<b>Services Provided</b>	<b>OPD</b>	<b>Indoor</b>		<b>Services Provided</b>	<b>OPD</b>	<b>Indoor</b>
1.	Total Lab Investigations			4.	Total CT Scan		
2.	Total X-Rays			5.	Total ECG		
3.	Total Ultrasonographies						
<b>Laboratory Investigation for Communicable Diseases</b>							
<b>Malaria</b>			<b>T.B</b>		<b>Viral Hepatitis &amp; HIV</b>		
1.	Slides examined		1.	Slides for AFB Diagnosis	1.	Patients screened	
2.	Slides MP +ve		2.	Diagnosis slides with AFB +ve	2.	Hepatitis B +ve	
3.	Slides P. falciparum +ve		3.	Follow-up slides for AFB	3.	Hepatitis C +ve	
			4.	Follow-up slides with AFB +ve	4.	HIV +ve	



Section XII-A: Stock out Report: Stock out of tracer drugs for any number of days this month (From Stock Register for Medicine/ Supplies) Tick where applicable						
1.	Cap. Amoxicillin		7.	Inj. Ampicillin		13. Syp. Anthelmintic
2.	Syp. Amoxicillin		8.	Tab. Diclofenac		14. I/V infusions
3.	Tab. Cotrimoxazole		9.	Syp. Paracetamol		15. Inj. Dexamethasone
4.	Syp. Cotrimoxazole		10.	Inj. Diclofenac		16. Tab. Iron/ Folic Acid
5.	Tab. Metronidazole		11.	Tab. Chloroquin		17. ORS
6.	Syp. Metronidazole		12.	Syp. Salbutamol		18. Oral pills (COC)
Section XII-B: Stock out Report: Vaccines (Tick where applicable)						
1.	BCG vaccine		4.	Hepatitis-B vaccine		7. Anti Rabies Vaccine
2.	Pentavalent vaccine		5.	Measles vaccine		8. Anti Snake Venom
3.	Polio vaccine		6.	Tetanus Toxoid		9. Vaccine Syringes

Section XIII-A: Indoor Services (From Daily Bed Statement Register)										
Specialty	Allocated Beds	Admissions	Discharged/ DOR (not on the same day of admission)	Discharged/ DOR on same day of admission	LAMA	Referred	Deaths	Total of Daily Patient Count	Bed Occupancy	Average Length of Stay (ALS)
1.	Medicine								%	
2.	Surgery								%	
3.	Pediatrics								%	
4.	OB/GYN								%	
5.	Eye								%	
6.	ENT								%	
7.	Orthopedics								%	
8.	Cardiology								%	
9.	Neuro Surgery								%	
10.	Psychiatry								%	
11.	TB/ Chest								%	
12.	Skin								%	
13.	Others								%	
<b>Grand Total</b>									%	

Section XIII-B: Cases attending Indoors (From Abstract Forms for Indoor)		Total Admissions	Total Deaths
<b>Medical</b>			
1.	Diarrhoea/Dysentery < 5		
2.	Diarrhoea/Dysentery > 5		
3.	Pneumonia < 5		
4.	Pneumonia > 5		
5.	Malaria		
6.	Asthma		
7.	Chronic Obstructive Airways		
8.	Pulmonary Tuberculosis		
9.	Extra Pulmonary Tuberculosis		
10.	Enteric / Typhoid Fever		
11.	Diabetes Mellitus		
12.	Viral Hepatitis A & E		
13.	Viral Hepatitis B		
14.	Viral Hepatitis C		
15.	Meningitis		
16.	Chronic Liver Diseases		
17.	Chronic Renal Diseases		
<b>Cardiac Diseases</b>			
18.	Congestive Cardiac Failure (CCF)		
19.	Hypertension		
20.	Ischemic Heart Diseases (IHD)		
<b>Vaccine Preventable Diseases</b>			
21.	Neonatal Tetanus		
22.	Acute Flaccid Paralysis (AFP)		
<b>Surgical</b>			
23.	Acute Appendicitis		
24.	Burns		
25.	Cholelithiasis / Cholecystitis		
26.	Hemias		
27.	Hyperplasia of Prostate		
28.	Urolithiasis		

Section XIII-B: Cases attending Indoors (From Abstract Forms for Indoor)		Total Admission	Total Deaths
<b>Orthopedic Diseases</b>			
29.	Arthropathies		
30.	Fractures		
<b>Eye</b>			
31.	Cataract		
32.	Corneal Opacity		
33.	Glaucoma		
<b>ENT</b>			
34.	Chronic Otitis Media		
35.	DNS		
<b>Gynecological</b>			
36.	Fibroid Uterus		
37.	Inflam. diseases of female pelvic organs (PID)		
38.	Uterine Prolapse		
39.	Vesico -Vaginal Fistula		
<b>Obstetrics/Maternal Complications</b>			
40.	Ante partum Hemorrhage (APH)		
41.	Complications of Abortion		
42.	Ectopic Pregnancies		
43.	Postpartum Hemorrhage (PPH)		
44.	Pre-Eclampsia/ Eclampsia		
45.	Prolonged/ Obstructed Labour		
46.	Puerperal Sepsis		
47.	Rupture Uterus		
48.	Other Obstetric Complications		
<b>Neurological/Neurosurgical</b>			
49.	CVA/Stroke		
50.	Head Injuries		
<b>Mental Behavioral Disorder</b>			
51.	Drug Abuse (Psycho-Active substance use)		
52.	Mental Disorder		
<b>Any other Unusual Diseases (Specify)</b>			
53.			
54.			

Section XIV: Surgeries (From OT Register)	
1.	Operations under GA
2.	Operations under Spinal Anesthesia
3.	Operations under LA
4.	Operations under other type of Anesthesia

Section XV: Human Resource Data (From Facility Records) Sanc.= Sanctioned, V=Vacant, C=Contracted, G-In=Working on General Duty in the facility, G-Out=Working on General Duty out of facility												
Post Name/Category	Sanc.	V	C	G-In	G-Out	Post Name/Category	Sanc.	V	C	G-In	G-Out	
1 MS/AMS /Deputy MS						18 Dental Surgeon						
2 Medical Specialist						19 Physiotherapists						
3 Surgical Specialist						20 Matron						
4 Cardiologist						21 Head Nurse						
5 Chest Specialist						22 Staff Nurse/Charge Nurse						
6 Neurosurgeon						23 Lab Assistant/Techs.						
7 Orthopedic Surgeon						24 X-Ray Assist /Techs						
8 Child Specialists						25 Dental Assist. /Techs						
9 Gynecologists						26 ECG Assist. /Techs.						
10 Eye Specialists						27 Lady Health Visitors						
11 ENT Specialists						28 Health/Medical Technicians						
12 Anesthetist						29 Dispensers						
13 Pathologist						30 EPI Vaccinators						
14 Radiologist						31 Sanitary Inspectors						
15 PMO/APMO/ CMO/SMO/MO						32 Midwives						
16 PWMO/APWMO/SWMO/WMO						33 LHWs						
17 Medical Assistant						34 Others						

Section XVI-A: Revenue Generated (From Receipt Register)							
		Total Receipt	Deposited			Total Receipt	Deposited
1.	OPD	Rs.		6.	CT Scan	Rs.	
2.	Indoor	Rs.		7.	Ultrasound	Rs.	
3.	Laboratory	Rs.		8.	Dental Procedures	Rs.	
4.	ECG	Rs.		9.	Ambulance	Rs.	
5.	X-Ray	Rs.		10.	Others	Rs.	

Section XVI-B: Financial Report-for the Current Fiscal Year (From Budget and Expenditure Statement)					
		Total Allocation for the Fiscal Year	Total Budget Released to-date	Expenditure to-date	Balance to date
1.	Salary & Allownces (Establishment charges)	Rs.	Rs.	Rs.	Rs.
2.	Non-Salary (Operating Expenses)	Rs.	Rs.	Rs.	Rs.
3.	Utilities	Rs.	Rs.	Rs.	Rs.
4.	Medicine	Rs.	Rs.	Rs.	Rs.
5.	General Stores	Rs.	Rs.	Rs.	Rs.
6.	M&R Equip/Transport/Furniture	Rs.	Rs.	Rs.	Rs.
7.	M&R Building Dept	Rs.	Rs.	Rs.	Rs.
8.	Others	Rs.	Rs.	Rs.	Rs.
9.	Annual Development Plan	Rs.	Rs.	Rs.	Rs.

Section XVII – Achievements/ Issues	

*“The goal is to turn data into information, and information into insight”*